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THE STUDY PERIOD

This chapter provides background and context to the report by outlining key events involving the international humanitarian system over the period January 2015–December 2017.

Complex emergencies

The civil war in **Syria** continued. Over 13 million people inside the country were assessed as being in need of humanitarian assistance in 2016 and 2017 (OCHA, 2015b; 2016d; 2017a), of whom almost 3 million were living in besieged or hard to reach areas (OCHA, 2017a). Despite a number of UN Security Council resolutions (S/RES/2139 (2014), S/RES/2165 (2014), S/RES/2209 (2015), S/RES/2268 (2016)) over the period, civilians were subject to indiscriminate attacks, sieges and blockades, shelling and bombing and chemical attacks (HRW, 2015; 2016; OCHA, 2015b). The war also became increasingly international. Russia significantly intensified its military and political support to the Syrian government, supplying fighter jets, other military equipment and some troops (ICG, 2015b). Iran also provided military and diplomatic support to the Syrian regime, while countries including the US, UK, Turkey and several Gulf States supported groups fighting the regime.

In neighbouring **Iraq**, the IASC maintained Level 3 (L3) humanitarian emergency status until the end of 2017. The takeover of significant territories by Islamic State and subsequent military operations against the group led to widespread human rights violations and the displacement of nearly 6 million people.[1] In 2017, some 11 million people were in need of humanitarian assistance.

Civil war broke out in **Yemen** in March 2015 following several months of political turmoil. The following July the situation was classified as an L3 emergency. With between 19 and 22 million people thought to be in need of humanitarian assistance over the period (OCHA, 2015a; 2016e; 2017b), the situation has been called the worst humanitarian crisis in the world (UN, 2018a). A cholera epidemic in October 2016 led to a million suspected cases – the largest in history (WHO, 2016a; 2018c) – and in early 2017 Yemen was one of four countries identified as facing impending famine (along with Somalia, South Sudan and Nigeria), with 8.7 million people at risk of starvation (UN, 2017) as a result of a naval blockade by Saudi-led forces and repeated denial of humanitarian access by all parties to the conflict (ICG, 2017a). As in Syria, there is significant international involvement, by Iran, Saudi Arabia and a number of Gulf States, as well as offshoots of al-Qaeda and Islamic State (ICG, 2015c).

Continued conflict in **South Sudan** saw widespread violence against civilians, including sexual violence, as well as increasing shelter, health, education and food security needs. The conflict also generated mass internal displacement and large refugee flows. Famine was declared in two counties in early 2017 following poor harvests, exacerbated by the impact of conflict on food production and exchange and displacement (ICG, 2017b). South Sudan also experienced a major cholera outbreak. While the number of people estimated to be in need of humanitarian assistance increased from 6 million to 7.5 million in 2016 and 2017, humanitarian responses were hampered by conflict, the very large distances involved and poor infrastructure.
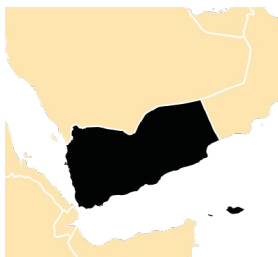
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people thought to be in need of humanitarian assistance in the period, the situation in Yemen has been called the worst humanitarian crisis in the world.

Crises in the **Sahel** were driven by a convergence of factors, including extreme poverty and chronic vulnerability, the impacts of climate change and instability stemming from conflict and the activities of radical groups including Boko Haram (OCHA, 2016g). Between 2014 and 2016 a multi-year regional strategy was established for nine Sahelian countries[2] to tackle food insecurity and malnutrition, provide immunisations and other health services, deliver access to safe water and sanitation, support livelihoods and education and address the needs of displaced people (OCHA, 2017g). Although the strategy produced some results (ibid.), 24 million people were still in need of humanitarian aid in 2017. Conditions were particularly severe in conflict-hit areas of northern Mali and the Lake Chad basin. While famine in north-eastern Nigeria was largely averted by concerted humanitarian and government efforts (OCHA, 2018c), almost 11 million people were in need of humanitarian assistance in the Lake Chad basin (ibid.).

Chronic insecurity and high levels of humanitarian need persisted in **DRC**. Seven million people were estimated to be in need in 2015 as a result of internal displacement due to fighting, refugee inflows from neighbouring countries and recurrent cholera, measles and malaria outbreaks (ACAPS, 2018c). In August 2016, violence in the Kasais displaced some 1.3 million people and forced 30,000 to flee to Angola (ReliefWeb, 2018). The UN declared an L3 emergency in October 2017 (UN, 2018b), by which time the number of people in need had reached 13 million.

The L3 emergency response was deactivated in **CAR** in May 2015 following a ceasefire and the deployment of a peacekeeping mission, but progress towards peace and stability was uneven, and conflict escalated again from mid-2016 (IASC, 2018; OCHA, 2016f; 2017f; AP, 2014). Nearly half of the population (around 2.5 million people) were in need of humanitarian assistance, including protection and access to basic services (OCHA, 2015c; 2016f; 2017f). An internal UN report leaked in 2015 alleged that several soldiers serving as part of the French military contingent in the country had sexually exploited children (Laville, 2015; Morland, 2016). A subsequent investigation by the French authorities was closed two years later due to insufficient evidence (Magistrates dismiss sex abuse case against French soldiers in Africa, 2018; Morenne, 2017; Morland, 2016).

The humanitarian situation in **Afghanistan** deteriorated in 2015–17 as armed conflict intensified between Afghan forces and the Taliban and Islamic State. By the end of the period over 9 million people were in need of assistance (OCHA, 2016). The conflict has been characterised by repeated violations of IHL, including attacks on civilians and civilian infrastructure. According to WHO data, between 2014 and 2016 'there was a 110 percent increase in the number of healthcare facilities attacked (from 25 to 53) and a 163 percent increase (from 72 to 189) on healthcare facilities closed by parties to the conflict' (OCHA, 2017).

Internal displacement as a result of the conflict in **Ukraine** remained high, at 1.8 million in 2017. Elderly people make up nearly 30% of the population in need of humanitarian assistance. Access to humanitarian aid and basic services was limited; freedom of movement remained severely constrained in non-government-controlled territories, and between these territories and government-controlled regions (OCHA, 2015; 2016a; 2017b).

In a historic development, the government of **Colombia** signed a peace deal with the Revolutionary Armed Forces of Colombia (FARC) in September 2016. The demobilisation process was completed the following February, and in September FARC launched its own political party. Following 50 years of conflict, Colombia has the largest displaced population in the world (Latimer and Swithern, 2017). Elsewhere in Latin America, violence in El Salvador, Honduras and Guatemala (the Northern Triangle) reached levels unprecedented outside of a war zone (MSF, 2017), including murder, kidnapping and extortion. In 2015, there were 6,650 homicides in El Salvador, 8,035 in Honduras and 4,778 in Guatemala (ibid.).

Violence against Rohingya people in Rakhine State in Myanmar escalated in 2017, forcing hundreds of thousands of Rohingya to take refuge across the border in Bangladesh (ACAPS, 2018d). UN and other humanitarian agencies were largely prevented from accessing Rakhine State by the Myanmar government.

‘Natural’ disasters and health crises

The earthquakes in **Nepal** in April 2015 were the deadliest and costliest ‘natural’ disasters over the period (Guha-Sapir, Hoyois and Below, 2016a). The death toll exceeded 8,800 (ibid.; OCHA, 2017) and the financial cost to the country was $5.2 billion (Guha-Sapir, Hoyois and Below, 2016b). More than 5.6 million people were affected, over 600,000 houses destroyed and another 288,000 damaged across 14 districts (OCHA, 2016j; 2017e). The humanitarian response was led by the government of Nepal and local civil society organisations, requiring international actors to adapt their ways of working and operate through partnerships and collaboration with local and national actors (Featherstone and Bogati, 2016; Grünewald and Burlat, 2016).

The *El Niño* phenomenon passed its peak by early 2016 but its effects were felt long afterwards. In East Africa, over 20 million people were made food insecure due to *El Niño*-related drought, with Somalia (threatened with famine in 2017), Ethiopia and Sudan the hardest-hit (OCHA, 2016b; 2016c). In Southern Africa over 30 million people were food insecure by early 2016 (OCHA, 2016c; 2016b; ReliefWeb, 2017c). Nearly 7 million people were in need of humanitarian assistance in **Malawi** in 2016, and 4 million in **Zimbabwe**. In the Asia-Pacific, countries most severely affected by *El Niño* included the Marshall Islands, Papua New Guinea, Vietnam, Timor-Leste,

Fiji and Vanuatu, which were simultaneously recovering from the impact of Tropical Cyclones Winston and Pam (OCHA, 2016c; 2016b). In Latin America and the Caribbean, *El Niño* resulted in drought conditions in some areas and heavier than normal rainfall in others, leading to increased food insecurity and the spread of diseases such as cholera, Zika, malaria, dengue and chikungunya (OCHA, 2016c). Countries most severely affected included El Salvador, Guatemala, Haiti and Honduras (ibid.).

Hurricane Matthew impacted a number of **Caribbean** nations in 2016, and Hurricanes Irma and Maria, which hit within two weeks of each other in August–September 2017, caused significant damage. In mid-2017, 1.4 million people in Haiti – over half of those affected by Hurricane Matthew – remained in need of assistance.

The **Ebola Virus Disease (EVD) Outbreak** in **West Africa** continued. The outbreak was the largest in history, and the first where the disease affected densely populated urban centres. This led to unprecedented infection rates, particularly in Liberia, Guinea and Sierra Leone (US Centers for Disease Control and Prevention, 2017). By the time the region was declared Ebola-free in June 2016 (WHO, 2016c), 28,616 cases and 11,310 deaths had been recorded (WHO, 2018a). Countries affected by the outbreak also suffered serious socioeconomic consequences. For example, Liberia lost '8 per cent of its doctors, nurses and midwives in the crisis, leading to a 111 per cent increase in maternal mortality and a 28 per cent increase in under age 5 mortality' (OCHA, 2016j). The crisis highlighted a number of shortcomings in the international humanitarian system, particularly in addressing a new or relatively unknown type of crisis, while also demonstrating the effectiveness of certain elements of the humanitarian architecture (DuBois et al., 2015; Harmer and Grünewald, 2016; House of Commons International Development Committee, 2016; Panel of Independent Experts, 2015). In December 2016, a final trial of an experimental Ebola vaccine confirmed that it provides high protection against EVD (WHO, 2016b). There were new Ebola outbreaks in DRC at the end of the period under study, with many lessons learnt from the previous outbreak being implemented.

Refugee contexts

In 2017, the **global refugee population** reached 25.4 million people[3] – the highest ever recorded, with the refugee population under UNHCR's mandate increasing by 65% over the previous five years. The number and proportion of refugees in protracted displacement also increased significantly, accounting for two-thirds of all refugees by the end of 2017 (UNHCR, 2016a; 2017b; 2018). Overall, 85% of refugees under UNHCR's mandate – 16.9 million people – were hosted in developing regions in 2017 (UNHCR, 2018).

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The number of **Syrian refugees** grew steadily in 2015–17, reaching 6.3 million by the end of the period (UNHCR, 2016e; 2017d; 2017c; 2018). In 2015, **Turkey** surpassed Pakistan as the world's largest refugee-hosting country, with 2.5 million Syrians and around a quarter of a million refugees and asylum-seekers from other countries. By the end of 2017 Turkey was hosting over 3.5 million refugees, 90% of whom were in urban centres rather than camps (UNHCR, 2015c; 2016f; 2018g). In **Lebanon**, the Syrian refugee population was estimated at 992,000 at the end of 2017 (UNHCR, 2015b; 2018d), with a further 653,000 in Jordan (UNHCR, 2018c), alongside over 2.1 million Palestinian refugees. Restrictions on registration and employment meant that most Syrian refugees were forced to scratch a living in the informal economy, where they were vulnerable to harassment and abuse at the hands of employers. In Jordan, almost three-quarters of Syrian refugees were living below the poverty line at the end of 2017 (UNHCR, 2016c; 2018d).

Some 4.8 million **Afghans** were forcibly displaced (including internally displaced) at the end of 2017, with perhaps 2.5 million more living in Pakistan and Iran without refugee status. Some 365,000 refugees and 610,000 undocumented Afghans returned from Pakistan and Iran in 2017 (IOM/UNHCR, 2017; 2018). According to Human Rights Watch, returns from Pakistan amounted to coercion – and *refoulment* in some cases – by the Pakistani authorities (HRW, 2017). The EU signed an agreement with Afghanistan in 2016 to collaborate on returning Afghans found to be in the EU illegally, but this did not appear to have had a significant effect on the numbers being deported back to Afghanistan: 38,890 were ordered to leave in 2015, 30,325 in 2016 and 29,035 in 2017. The numbers for returned Afghans were much smaller: 3,290 in 2015, 9,480 in 2016 and 6,620 in 2017.

South Sudan overtook Somalia in 2016 as the third-largest source country for refugees after Syria and Afghanistan, with the number of refugees fleeing the country doubling over the course of a year, from 778,700 at end-2015 to over 1.4 million people at end-2016. By 2017, 2.4 million South Sudanese were refugees. Most fled to Uganda, Sudan, Ethiopia, Kenya and DRC (UNHCR, 2017b). **Uganda**, which hosted 1.4 million refugees in 2017, a 44% increase over 2016, maintained its comprehensive framework for refugees, providing them with freedom of movement, the right to work and establish businesses, the right to documentation, access to social services and plots of land for shelter and agricultural production. However, the UN High Commissioner for Refugees, Filippo Grandi, said in 2017 that the system was at 'breaking point' (Uganda at breaking point, 2017). In **Burundi**, political violence in 2015 forced over 400,000 people to flee the country (UNHCR, 2018a). The following year, violence in the Kasais in **DRC** led to large numbers of refugees crossing into neighbouring countries, pushing the total Congolese refugee population up from 537,500 to 620,800, alongside 4.4 million internally displaced persons (IDPs).

In **Kenya**, UNHCR has been implementing voluntary repatriation of Somali refugees since 2014. Critics argue that refugees are being coerced into returning to Somalia, which still faces a complex emergency, including severe food insecurity and violent extremism. The Kenyan government stopped recognising Somalis as *prima facie* refugees, closed the Department of Refugee Affairs and sought the closure of the Dadaab refugee camps. In February 2017, the Kenyan High Court blocked these efforts (Amnesty International, 2017; UNHCR, 2017a).

Escalating violence in Rakhine State in **Myanmar** led to the exodus of an estimated 650,000 Rohingya people into Bangladesh between August and December 2017, as well as significant displacement inside the country. The Bangladesh government is not a signatory to the 1951 Refugee Convention and does not recognise the Rohingya as refugees, regarding them instead as temporary migrants awaiting return to Myanmar (Wake and Yu, 2018).

Migrant arrivals in **Europe** peaked in October 2015. In 2015 and 2016, the number of first-time asylum applications in the EU doubled, to a record high of nearly 1.3 million each year. In Germany, the refugee population increased by 45% in 2017, to 970,400, making Germany the world's sixth-largest refugee-hosting country (and the only high-income country in the top ten). Most applications were from people from Syria, Iraq and Afghanistan. At least 3,771 people died in 2015, 5,096 in 2016 and 3,139 in 2017 trying to cross the Mediterranean to Europe (UNHCR, 2018e). In 2016, the EU and Turkey signed an agreement intended to prevent irregular migration from Turkey to the EU. As part of this deal, all new irregular migrants crossing from Turkey to the Greek islands would be returned to Turkey. For every Syrian being returned to Turkey from the Greek islands, another would be resettled to the EU. The agreement appears to have reduced irregular migration: asylum applications dropped significantly in 2017, to 650,000. The EU also signed a Compact with Jordan addressing the movement of refugees from Syria, offering Jordan multi-year grants, concessional loans and relaxed trade regulations in return for allowing Syrian refugees greater access to education and employment (Barbelet, Hagen-Zanker and Mansour-Ille, 2018). A similar, smaller Compact was signed with **Lebanon**.

Overall, the issue of migration became highly politicised in Europe during this period, and the response to migrants became characterised by a mix of hostile attitudes and, in some states, an increasing lack of political will to fulfil legal obligations. European governments increasingly focused on preventing the movement of refugees, asylum-seekers and migrants into the EU. Humanitarian organisations found it hard to identify their role in a refugee emergency in high-income countries. There was an upsurge in volunteer movements and organisations set up by EU citizens to lead relief efforts in EU countries including Greece, Italy and France.

Violence in Central America was a major factor in the movement of thousands of people into **Mexico** and the **US**. In 2016 an estimated 500,000 people entered Mexico irregularly, mainly from El Salvador, Guatemala

and Honduras (UNHCR, 2016d). Arrivals, who were seldom registered as asylum-seekers, faced further violence from organised crime groups and smugglers in Mexico (ICG, 2017d; MSF, 2017). In 2017, the US was the world's largest recipient of new asylum applications, with 331,700. Admissions subsequently plummeted due to vigorous detention, deportation and deterrent policies (ICG, 2017d), a temporary ban on refugee admissions and enhanced vetting. A cap on refugee admissions limited the number of refugees that could be resettled in the country in 2018 to 45,000 (Hirschfeld Davis and Jordan, 2017).

Humanitarian policy

In March 2015, UN member states adopted the **Sendai Framework for Disaster Risk Reduction**. The framework established four priority areas for disaster risk reduction and set seven goals. The agreement, which runs for 15 years, is voluntary and non-binding. Key milestones for implementation of the framework were established at the Global Platform for Disaster Risk Reduction in May 2017. This was followed by the Cancun conference in Mexico, where key implementation milestones were operationalised.

The **World Humanitarian Summit** in May 2016 in Istanbul brought together 9,000 participants (OCHA, 2016l; 2017j). The summit was intended to discuss and agree on core commitments to help bring about reform of the humanitarian system. Unusually for a summit of this nature, the WHS did not follow an inter-governmental process, but built on consultations with both governments and civil society. At the summit, participants made 32 core commitments under five priority responsibilities covering conflict, civilian protection and the norms of war, displacement and migration, ending need and humanitarian financing. Together, these core responsibilities comprise the *Agenda for Humanity*, the framework laid out by the Secretary-General to improve humanitarian action worldwide. The summit was criticised for a perceived failure to address the increasing marginalisation of humanitarian and refugee law in international politics. It also did not set out any large-scale reforms and, as a civil society process, was not intended to create binding commitments. Even so, it appeared to provide important impetus for a number of initiatives including the 'Grand Bargain', a set of commitments and workstreams designed to make the humanitarian system more efficient, transparent and accountable.

Also in May 2016, the United Nations Security Council adopted **Resolution 2286** reinforcing the protection granted under IHL to medical facilities and healthcare personnel during armed conflict.

In response to the growing numbers of refugees and the increased prominence of migration as a political issue, UN member states adopted the New York Declaration for Refugees and Migrants in 2016. The declaration outlined a framework for addressing the global challenge of refugees (the Comprehensive Refugee Response Framework (CRRF)) and committed member states to adopting two global compacts – one on refugees and one on migrants. The CRRF, on which the refugee compact was to be based, aims for more equitable and predictable support to refugees, but does not change or add to existing legal obligations on states. The compact on migration was to 'set out a range of principles, commitments and understandings among Member States regarding international migration in all its dimensions' (United Nations, 2016a).

Endnotes for this chapter

1. This figure is cumulative. At the time of writing, the number was estimated at 1.5 million people (HRP, 2018). Previous HNOs and an OCHA displacement timeline document (OCHA, 2018b) suggest that the largest single figure at any one time was 3.42 million.

2. Burkina Faso, Cameroon, Chad, Gambia, Mali, Mauritania, Niger, Nigeria and Senegal.

3. The UNHCR number includes 2.2 million Palestinian people in Gaza and the West Bank. Elsewhere in this report, this population are counted as IDPs, and so the number of refugees is given as 23.2 million refugees.