

Humanitarian pauses and corridors in contexts of conflict

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Question

What examples and evidence is there of humanitarian pauses and corridors in conflict contexts and where they worked, what was the process for their creation? What guidance is available on establishing such humanitarian pauses or corridors in conflict situations?

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The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Summary

This rapid review explores the literature on humanitarian corridors and humanitarian pauses (see definitions section) in contexts of conflict. The review utilised grey literature produced by research organisations, non-governmental organisations (NGOs) and humanitarian organisations as well as academic literature. Key word searches used general search engines (such as Google and Google Scholar) as well as more specialised databases (such as ALNAP, ReliefWeb and Humanitarian Response). In general, there is a lack of academic research on humanitarian corridors and humanitarian pauses specifically, although more can be found on the broader terms of humanitarian access and safe areas in general.¹ Humanitarian pauses in particular has a dearth of detailed published information about them. Although some practitioner and descriptive information and literature was identified (see historic examples section), little detailed information on how these were negotiated was found. This is not surprising given the often delicate and sensitive nature of ceasefires and negotiations. More information was found on humanitarian corridors, although academic literature was still limited, and practitioner and grey literature dominated. Particularly newspaper articles and opinion pieces from practitioners in the field with experience of humanitarian corridors. Again little detail or evidence of how these corridors were negotiated was discussed in the literature identified.

No clear guidance on either humanitarian corridors or pauses explicitly were found. Some broader information on good practice in humanitarian negotiations were identified and included as signposts to more detailed information, as negotiation is a large, important step in agreeing both humanitarian corridors and pauses. Some general guidance also exists around humanitarian access. But there is a dearth of publicly available, documented evidence on the success or failure of humanitarian corridors or pauses. What emerges is a plethora of anecdotal, descriptive information from an array of contexts and actors on the use of corridors and pauses but not on how these were operationalised.

Furthermore, the lack of a legal definition of humanitarian corridors or humanitarian pauses and the inconsistency and interchangeability of different terms used in the literature to describe these (as well as safe areas), further adds to the complexity of these issues and confusion in the literature.

Given the increasing calls for the use of alternative humanitarian arrangements such as humanitarian corridors and humanitarian pauses in complex conflict situations, many practitioners are calling for clearer guidance on the various possibilities, and the necessary elements required for their implementation (e.g. Svoboda & Gillard, 2015). Further research should also focus on intersectionality aspects of humanitarian corridors and humanitarian pauses, as women, children, the elderly and people with disabilities are often the most vulnerable in situations of conflict.

This review first provides definitions and discussions of the key terms – humanitarian corridor and humanitarian pause – placing them in the wider context and experiences of humanitarian

¹ Previous K4D helpdesks that have looked at humanitarian access more broadly may also provide some useful insights (see *Joint operating principles among humanitarian actors to improve access* (Avis, 2018)). Other useful K4D helpdesk reports include one on *Humanitarian Access, Protection and Diplomacy in Besieged Areas* (Ismail, 2018) and *The Role of UN Humanitarian Forums Involving Conflict Parties in Conflict Situations* (Kelly, 2019) may also be useful. Also see *Health programmes and peacebuilding in FCAS* (Price, 2020).

access and safe areas. “Days of tranquillity” are also touched upon in this first section, but detailed information is not given due to the limitations in scope of this report. The next section looks at some historic examples of where these interventions have been used. A brief subsection within this section is given to recent calls by the UN Secretary General for a global ceasefire or humanitarian pause due to COVID-19. The final section provides information on other guidance not specifically on humanitarian pauses or corridors, but which may provide useful insights to their operationalisation. Including field manuals on frontline negotiations and ceasefires.

Each conflict situation is unique, and context is key. The examples and literature discussed here show that conceptually the terms humanitarian corridors or humanitarian pauses have covered very different negotiations and interventions. However, broadly some key points to note that emerge from the literature (including that on humanitarian access) include:

- Importance of neutrality and consent
- Clear mandate to protect
- Credible and capable force, alongside humanitarian assistance: requires considerable military commitment to police corridors
- Adequacy of enforcement and supervision
- A conducive political environment
- Time-bound: normally short-term; is there an exit strategy?
- Clear geographic boundaries
- Legal basis and political support
- A good understanding of the situation and careful planning, including information sharing
- Local knowledge and networks
- Effectiveness: How effective are interventions by themselves?
- Context: Importance of the nature of the conflict in which an intervention is established, and how it is established.
- Unintended consequences and motivations: legitimisation of the conflict; rest and regrouping of armed groups; cover for atrocities elsewhere; cover for military disengagement; military advancement of one side; rent seeking; issues of asylum.

2. Definitions

OCHA definitions

There is much confusion between the variety of terms and terminology around ceasefires and pauses in conflict, as well as around corridors, safe spaces and humanitarian access. The terminology is often used interchangeably with little consistency in their use. OCHA has put together a glossary of terms in relation to pauses in conflict, although there are no legal definitions of the included terms. Still it is important to distinguish between different circumstances, **particularly between pauses purely for humanitarian purposes and those agreed as part of a political process** (OCHA, 2011). Explanatory definitions include:

- **Ceasefire:** “A suspension of fighting agreed upon by the parties to a conflict, typically as part of a political process. It is intended to be long-term and often covers the entire geographic area of the conflict. Its aim is usually to allow parties to engage in dialogue, including the possibility of reaching a permanent political settlement.” (OCHA, 2011: p.1)
- **Temporary cessation of hostilities:** “A suspension of fighting agreed upon by all relevant parties for a specific period. It may be undertaken for various reasons, including for humanitarian purposes. In such cases, the agreement identifies the geographic area of operations and the period during which specific humanitarian activities will be carried out.” (OCHA, 2011: p.1)
- **Humanitarian pause:** “A temporary cessation of hostilities purely for humanitarian purposes. Requiring the agreement of all relevant parties, it is usually for a defined period and specific geographic area where the humanitarian activities are to be carried out.” (OCHA, 2011: p.1)
- **Humanitarian corridor:** “Specific routes and logistical methods agreed upon by all relevant parties to allow the safe passage of humanitarian goods and/or people from one point to another in an area of active fighting.” (OCHA, 2011: p.1)
- **Days of tranquillity:** “A mechanism used primarily by UNICEF, often in collaboration with WHO, to enable children to have access to health care during conflict, for example to undertake national immunization campaigns or other exclusively humanitarian activities. Days of tranquillity require the agreement of all relevant parties to grant access to and not interfere with the work of medical and other personnel during the designated days.” (OCHA, 2011: p.1)

There are other terms in the glossary, but those highlighted above are key for this report and provide a foundation for its focus, with particular attention on the evidence around humanitarian pause and humanitarian corridor, with some evidence on days of tranquillity. These key definitions are utilised in this helpdesk, although other sources referenced may understand these differently and the report tries to flag this where possible. Furthermore, there are other terms within the literature that are sometimes used interchangeably with these terms, such as corridors of peace, and corridors of tranquillity (in relation to Operation Lifeline Sudan). Humanitarian corridors do have some legal basis in UN General Assembly Resolution 45/100, where they are referred to as “relief corridors.”²

Humanitarian pauses and corridors can also come under the term “deconfliction” arrangements. The term is defined by OCHA in its guide *To Stay and Deliver Good practice for humanitarians in complex security environments* as:

The exchange of information and planning advisories by humanitarian actors with military actors in order to prevent or resolve conflicts between the two sets objectives, remove obstacles to humanitarian action, and avoid potential hazards for humanitarian personnel. This may include the negotiation of military pauses, temporary cessation of hostilities or ceasefires, or safe corridors for aid delivery. (OCHA, 2011b: p.xiv).

² See <https://undocs.org/en/A/RES/45/100> (accessed 15/09/2020)

Although this definition seems relatively clear, as with all these terms, there is no overarching international framework or guidelines for how deconfliction should be implemented (Parker, 2018).

A policy brief from the Humanitarian Policy Group (HPG) on protection of civilians in armed conflict, highlights that given the array of humanitarian arrangements available (such as pauses, corridors, ceasefires etc.), which is “most appropriate depends on the specific circumstances of each situation” (Svoboda & Gillard, 2015: p.6). Issues to consider include: **“needs, whether simpler alternatives for providing assistance exist, the willingness of the parties to the conflict to agree to a particular arrangement, the capacity of humanitarian or other actors to implement any arrangement safely and, most importantly, whether it will actually have a protective effect, as well as the likelihood of any negative or unintended consequences”** (Svoboda & Gillard, 2015: p.6).

Humanitarian access

There is a large literature on humanitarian access and safe spaces (also a number of other terms often used interchangeably – “safe havens” in northern Iraq (1991), “safe areas” in Bosnia, “safe humanitarian zones” in Rwanda, “protected areas” (Orchard, 2014: p.72)). This report does not have the scope to look into this area in detail. However, it is important to acknowledge the broad array of literature in this space, and that much of these overlaps with that of the humanitarian corridors and humanitarian pauses.

Humanitarian access is an ambiguous term with no universally agreed definition. For the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), humanitarian access “refers to a two-pronged concept, comprising: i) Humanitarian actors’ ability to reach populations in need; and ii) Affected populations’ access to assistance and services. Full and unimpeded humanitarian access is a fundamental prerequisite to effective humanitarian action.”³ This definition is reflected in the *Humanitarian Access in Situations of Armed Conflict: Practitioners Manual* (FDFA, UN OCHA & CDI, 2014: p.11), which defines it as: “access by humanitarian actors to people in need of assistance and protection AND access by those in need to the goods and services essential for their survival and health, in a manner consistent with core humanitarian principles.”

The Humanitarian Coordinators and OCHA have a mandate to facilitate humanitarian access, be it through public or private advocacy efforts. Humanitarian access is mandated by the General Assembly Resolution 46/182 (which led to the creation of the Department of Humanitarian Affairs (DHA), now OCHA), it describes the Emergency Relief Coordinator’s (ERC) mandate to:

Actively facilitate[e], including through negotiation if needed, the access by the operational organizations to emergency areas for the rapid provision of emergency assistance by obtaining the consent of all Parties concerned, through modalities such as the establishment of temporary relief corridors where needed, days and zones of tranquility and other forms. [A/RES/46/182, Paragraph 35(d), <https://www.ifrc.org/Docs/idrl/I270EN.pdf>].

³ Taken from <https://www.unocha.org/es/themes/humanitarian-access> [accessed 16/09/2020]

The criteria includes that **all parties concerned must give consent**.

There are many challenges to humanitarian access, including: physical impediments; bureaucratic restrictions; restriction of movement and interference in the delivery of relief; active fighting and military operations; attacks on humanitarian personnel, goods and facilities (OCHA, 2018: p.23). Careful consideration of how best to make the case to governments for adequate and safe access to allow impartial humanitarian action is needed. Having to negotiate with **non-state armed actors** when states see this as threatening compounds these difficulties (Harvey, 2013). A lack of mutual trust is often at the root of the challenges to stronger cooperation between national authorities and international aid agencies in responding to disasters. Key to improving cooperation is identifying where this trust deficit exists and why it exists (Harvey, 2013). The balance of power and power dynamics are also key. Harvey (2013) puts forth a basic typology for the different types of states and phases of conflict and the different challenges that this present to humanitarian assistance and access. Within these typologies, the opportunities and challenges for engaging with different levels of government are also different. He distinguishes between (Harvey, 2013: pp.S163-164):

- Strong states pursuing their own security and political agendas where the space for humanitarian action is limited. E.g. Colombia, India (Kashmir), Indonesia, the Philippines, and Sri Lanka.
- States that are weaker but still with a desire to control and limit humanitarian space. E.g. Myanmar and Sudan.
- Weak states with active conflicts that are reasonably open to international humanitarian action. E.g. the DRC.
- States recovering from conflict where humanitarian needs remain, but the primary focus of international engagement is increasingly on state-building. E.g. Liberia or South Sudan.
- States where there is high-profile Western engagement and the key focus of international action is stabilisation, with humanitarian actors having to tread a difficult path to remain independent and perceived as neutral. E.g. Afghanistan, Iraq, and Kosovo.

Hence in a relatively strong state like Myanmar, the space for humanitarian access and forums that include rebel groups can be limited. In Syria, for example, “what little progress has been made on humanitarian ceasefires and corridors has come about through great power leverage rather than regular humanitarian forums” (Kelly, 2019: p.10).

The UN-CMCoord field handbook highlights the following good practices in relation to humanitarian access (OCHA, 2018: p.23):

- Establish and maintain engagement with all actors that can provide or restrict access.
- Enhance acceptance among affected populations, authorities and armed actors.
- Promote humanitarian principles and act in accordance with them.
- Establish specific arrangements with parties to hostilities (e.g. humanitarian notification system for deconfliction, humanitarian “pause” or “corridors”, area security).

Safe area

There is also no standard definition for safe area under international humanitarian law. Orchard (2014: p.55) defines it “as an encompassing term to refer to operations under taken by international actors that have the primary purpose of providing direct protection to civilians and internally displaced persons (IDPs) within a state's borders in a temporary and designated geographic area.” Orchard argues that these **differ to humanitarian corridors as the goal is to protect civilians rather than aid supplies or workers**. Safe areas can vary in size, formation and the degree of protection they provide. Recent versions of safe areas include “no-fly zones” in Darfur and Libya; “buffer zones” were used in Ethiopia and Kenya to protect their civilians from Somalia’s war; the UN peacekeeping mission, UNMISS, in South Sudan developed a new concept of “protection of civilians (PoC) sites.”

The effectiveness of safe spaces has been called into question, producing mixed results, especially given the large costs associated with them. Key factors for their establishment include the need for consent of government or belligerents and neutrality; or a strong long-term international military presence (Orchard, 2014). This can also be a way of distinguishing between protected areas – i.e. ones established based on the consent of the parties to the conflict vs. ones established without consent, which thus rely on some form of international military protection. There are many complexities involved in establishing and operating such areas; with political will of belligerents to agree to them and the legal and practical challenges of implementing them in practice just two of the key factors in their feasibility (Gillard, 2017). Gillard (2017: p.1099) argues that the “most effective safe areas have been those established by agreement between belligerents, as envisaged by [International Humanitarian Law].”

In an extensive LSE working paper, David Keen (2017) puts forth nine key challenges from the historical record in relation to safe zones. These challenges may provide insights into the use of humanitarian corridors or pauses. They include:

1. **Safe zones may not be very safe**; they have been vulnerable to many kinds of violence on the part of both local and international actors (Keen, 2017: p.36). E.g. Srebrenica in Bosnia and “Operation Turquoise” safe zone in Rwanda.
2. **Safe zones may in practice undermine the right to asylum** (Keen, 2017: p.37). E.g. the “safe haven” in northern Iraq, set up in large part as an alternative to Turkey admitting hundreds of thousands of Iraqi Kurds.
3. **Safe zones are subject to extreme manipulation from local actors**. E.g. the national government in Sri Lanka used the idea of a safe zone to direct people into areas where thousands were eventually killed. Those outside the ‘safe zone’ were labelled by the Sri Lankan government as ‘rebels’ or ‘rebel sympathisers’ (Keen, 2017: p.37).
4. **Safe zones may be subject to extreme political manipulation by international actors**. E.g. France in Rwanda, with French troops even participating in killing operations (Keen, 2017: p.37).
5. **Once safe zones have been labelled as safe, a determination to insist that they are indeed safe is likely to be institutionalised**. Once a protective or peacekeeping mission is established, there may also be a tendency within the mission to suggest that it is succeeding (Keen, 2017: p.37). E.g. security threats in the “safe haven” in northern Iraq were downplayed by the UN and Western governments.

6. **There may be a political ‘price’ for setting up and maintaining a “safe zone,”** as it often implies some kind of deal or agreement over areas that are not going to be protected or assisted. E.g. in Sudan in the 1990s Operation Lifeline involved humanitarian corridors for the south (rather than safe havens) but the attempt to carve out some kind of ‘humanitarian space’ left government abuses in the Nuba Mountains unaddressed (Keen, 2017: p.38).
7. **Demilitarisation of safe zones has proven very difficult.** E.g. in South Sudan it has been difficult to get rid of arms within PoC sites as perimeters are so porous, and this has sometimes fed fears that camps could be used for military purposes (Keen, 2017: p.38).
8. **Where ‘safe zones’ or ‘no fly zones’ are given international protection, this can easily spill over into war that involves the international community.** E.g. in Libya (Keen, 2017: p.39).
9. The existence of some kind of UN mandate does not guarantee any immunity to the above problems. **A UN authorisation does not guarantee the safety of any “safe zone.”** E.g. “safe zones” in northern Iraq, Bosnia and South Sudan all had relatively high levels of UN supervision and all proved extremely problematic in the protection provided (Keen, 2017: p.39).

Bosnian war

A working paper for UNHCR by Mark Cutts (1999) explores the way humanitarian access was negotiated with the warring parties in the Bosnian war (1992-95), with a focus on UNHCR and the United Nations Protection Force (UNPROFOR). The Bosnian war was initially fought between three forces: the Bosnian government, the Bosnian Croats and the Bosnian Serbs. Fighting between Bosnian government and Bosnian Croat forces came to an end in March 1994. Fighting between the other forces continued, with the war officially ending in December 1995. During the Bosnian war, “negotiations on humanitarian access took place at many different levels, from the UN Security Council down to individual humanitarian personnel on the ground” (p.3). Security Council Resolutions 824 and 836 established the ‘safe areas’ of Sarajevo, Tuzla, Zepa, Gorazde, Bihac and Srebrenica. “Brutal and systematic campaigns of ethnic cleansing took place throughout the war. Hundreds of thousands of people became dependent on humanitarian assistance, particularly in the besieged enclaves of Sarajevo, Srebrenica, Zepa, Gorazde and Bihac” (Cutts, 1999: p.1).

UNPROFOR, a UN peace-keeping force, was sent to Bosnia with the primary mandate “to assist UNHCR by creating conditions for the effective delivery of humanitarian assistance, it concentrated on establishing reliable ‘supply routes’ and ‘corridors’ by road and by air” (Cutts, 1999: p.9). It was also given additional tasks including the protection of six designated ‘safe areas’ and monitoring of Demilitarised Zones, Total Exclusion Zones and Weapons Collection Points. However, warring parties controlled access along many of the key routes UNPROFOR created. Key constraints to the humanitarian efforts and access included security problems, lack of co-operation from the warring parties, and logistical difficulties (Cutts, 1999: p.2). Although UNPROFOR provided “vital security and logistics support [for the humanitarian operation],...its presence did not always have the effect of improving humanitarian access” (Cutts, 1999: p.9). In particular, it was often unable to provide access to areas through Bosnian Serb territory. During the war, “UNHCR was able to deliver almost a million tonnes of food, medical supplies and other urgently needed items” (Cutts, 1999: p.23). However, these supplies were often diverted for

military purposes and did not reach those who most needed them, particularly in the besieged government enclaves. In the end, “assistance was in fact provided on the basis of accessibility rather than on the basis of needs” (Cutts, 1999: p.25).

The paper concludes saying that some important lessons can be drawn from the experiences, namely (Cutts, 1999: p.25):

- Humanitarian actors faced both external and internal constraints to negotiations.
- External: In particular, the importance of ensuring humanitarian access always remained subordinate to other political and strategic considerations for both the warring parties and the international community.
- Internal: Many of the humanitarian personnel who were rushed in to assist with the emergency operation proved to be poorly informed, trained and equipped to negotiate effectively with the warring parties. Resulting in cases of well-intentioned humanitarian diplomacy providing inadvertent support to the very authorities who were responsible for causing the civilian suffering in the first place.

Unarmed civilian protection

There are other approaches to safety for civilians, including those that work at the micro-level. One such example are efforts to provide unarmed civilian protection (UCP), which covers a range of activities by unarmed civilians to reduce violence and protect civilians in situations of violent conflict. For example, Nonviolent Peaceforce (NP) is engaged in what is known as ‘third generation’, or 3G UCP. NP’s⁴ approach relies solely on dialogue with the armed actors themselves to help them behave in ways that will reduce violence and protect civilians. This ties into the use of local organisations and citizens in negotiating ceasefires and safe areas. For example, the Center for Civilians in Conflict (CIVIC) apply a community-based-protection approach; setting up and facilitating grass-root and civil-society level groups to discuss their Protection of Civilians (PoC) issues. These groups are trained and empowered to raise these issues with armed actors at the local or regional level. For example, one such group was able to negotiate a partial ceasefire between 9am-4pm each day for its community through discussions with armed groups and subsequently state armed actors. These dialogues utilise the community groups’ local knowledge and networks.⁵

Humanitarian corridors in practice

Humanitarian corridors are not defined in international humanitarian law, however there are some key considerations around their use. Although as with any humanitarian arrangement, corridors are context specific (both in terms of time, area and negotiation), so it is hard to draw specific commonalities out of examples. However, in general, key aspects and challenges to humanitarian corridors highlighted in an article about Syria by The New Humanitarian (2012) include:

- **Limited in time and geographical scope:** So they are not always an ideal solution.

⁴ See <http://www.nonviolentpeaceforce.org/> [accessed 15/09/2020]

⁵ Information taken from <https://civiliansinconflict.org/blog/international-day-of-non-violence/> [accessed 10/09/2020]

- **Party agreement and consensus:** Parties to the conflict need to agree to corridors and then stick to this agreement for areas to remain demilitarised. For example, the establishment of 6 safe zones in Bosnia in 1993 without the consent and cooperation of all parties involved, meant that they failed to protect residents in Srebrenica and Zepa from constant attack by Bosnian Serb forces.⁶ In particular the massacres that happened in Srebrenica in 1995 has been highlighted in the literature as an example of where the absence of full consent and lack of means of protection meant that the safe **area itself become a target.**
- **Need for a protective military presence and capacity:** The article also highlights the example of the massacre at Srebrenica during the Bosnian war as to why a strong protective military presence is needed to police the corridor, so it is effective.
- **Need for Security Council authorisation:** Despite corridors being neutral, their success relies on the international community's political will to implement and protect them. Normally requiring a Security Council resolution authorising such an intervention.
- **Blurring of political and humanitarian lines:** The complexity of any conflict means that interventions may have unintended consequences, especially if it is not seen as being impartial or seen as furthering political aims of different actors. Because of the type of actors involved in a conflict and the process of negotiation and diplomacy used, heavy political significance can be given to any intervention. This also relates to the debate over the militarisation of humanitarian access to limited areas, which might jeopardise the prospects for access negotiations elsewhere.

In a relatively early closed roundtable on the ongoing conflict in Syria held in 2012 by the HPG, next steps in relation to peace included the discussion of proposals for humanitarian corridors in Syria. Participants were largely critical of these, **objecting that relief corridors would only exacerbate the complexity of the situation**, other concerns including the **“risk of militarisation of humanitarian assistance due to the logistical requirements of these corridors”** (HPG, 2012: p.4). This demonstrates the complexities behind the establishment and maintenance of humanitarian corridors and the lack of clear basis around their effectiveness.

In another summary of a HPG livestreamed event discussing overcoming aid access obstacles, the panel considered the applicability of various frameworks or techniques that have been associated over time with attempts to gain access to people in need, particularly in relation to Syria. There was a general consensus that the use of “corridors of tranquillity” (coined in relation to Operation Lifeline Sudan in the 1990s) was not an effective or productive way of attempting to ensure the continuation of relief and protection work in a conflict setting. In particular it was argued that **“it is almost precisely when you would talk about the need for a humanitarian corridor that you are least able to create one that is safe and effective.”**⁷

Humanitarian pauses – lack of literature

The UN-CMCoord field handbook defines a humanitarian pause as a “Negotiation of a temporary suspension in fighting for exclusively humanitarian purposes” (OCHA, 2018: p.62). It is usually

⁶ See <https://www.refworld.org/docid/56eadc3b4.html> [accessed 15/09/2020]

⁷ See summary and description. <https://www.odi.org/events/3175-getting-where-needed-overcoming-aid-access-obstacles>

for a defined period of time and specific geographic area, and must be agreed by all parties to the conflict. There are a number of examples of humanitarian pauses being implemented (see historic examples section), but little detailed information could be found on the lessons learned from this or how these were operationalised.

An article from UNHCR by Scripture (2015) looks at what is meant by a humanitarian pause in relation to Yemen and the 5-day pause implemented there 12-17 May 2015 (see historical examples section). Scripture explains that the **“UN, civil society organisations, or political leaders, separately or in unison, may call for a humanitarian pause.”** Humanitarian pauses are characterised as being **time-defined**, usually with only a short break in fighting. They can **sometimes be in designated areas, with explicit guarantees (or consent) given by relevant warring parties** to humanitarian actors for the passage of aid or safe movement of people (both civilians and humanitarian personnel). However, there is **no standardised approach** and each pause is different. Deconfliction arrangements can also be involved in the pause, such as exchanges of logistical information between humanitarian actors and belligerents to ensure safety of the humanitarian operations during the pause.

Days of tranquillity

Days of tranquillity was a mechanism primarily used by UNICEF and WHO, where truces are negotiated to allow the provision of health and humanitarian assistance as well as allow for other activities not possible during hostilities.⁸ Special measures are taken to negotiate a temporary halt to hostilities so that basic services are not interrupted, these have allowed for steady immunisation coverage (UNICEF, 2016). The first Days of Tranquillity were negotiated in El Salvador in 1985, other examples since then include Afghanistan, Angola, Chechnya (Russian Federation), Sri Lanka and the Sudan. To be effective agreement to a temporary ceasefire by all parties to the conflict is needed, normally negotiated by UNICEF.

The UN-CMCoord field handbook defines days of tranquillity as “Negotiation of an agreement by all parties to the conflict to refrain from impeding the mobility of humanitarian personnel and affected people during designated days” (OCHA, 2018: p.62).

Health as a bridge for peace

Linked to Days of Tranquillity is the concept of “Health as a Bridge for Peace,” which was introduced in the 1980s and was formally adopted by WHO in 1998 (Chattu & Knight, 2019). Health as a bridge for peace does not have a concise definition or common understanding. The concept can be loosely defined “as the integration of peacebuilding concepts, principles, strategies and practices into health relief and health sector development” (Hess & Pfeiffer, 2006). It is a multidimensional, dynamic policy and planning framework based on the principle that shared health concerns can transcend political, economic, social and ethnic divisions.⁹ According to the WHO’s Health as a Bridge for Peace Humanitarian Cease-Fires Project, the concept saw

⁸ Definition taken from https://www.who.int/hac/techguidance/hbp/cease_fires/en/ [accessed 14/09/2020]

⁹ World Health Organisation (WHO). Humanitarian health action: Health as Bridge for Peace (HBP). Available at: www.who.int/hac/techguidance/hbp/en/ [Accessed 15/09/2020].

some success, with case studies of using vaccinations to negotiate the “days of tranquillity” during the 1980s and 1990s.¹⁰

A comparative analysis of four WHO “Health as a Bridge for Peace” (HBP) case studies (Angola (1994-1997), Bosnia and Herzegovina (1997-1998), Eastern Slavonia (Croatia) (1996-1997) and Haiti (1991-1994)) was undertaken by Hess and Pfeiffer (2006). In their discussion, Hess and Pfeiffer (2006) found that the health sector contributions to peace processes have been largely concentrated (and most successful) in structural peacebuilding (versus political or social). Several (external and internal) factors and conditions emerge from the case studies to indicate keys to success in health sector peacebuilding (see figure 1). However, the analysis did not provide clarity on the operationalisation of the process or access issues. In general, each mission operated under unique conditions and constraints and interpreted and implemented the HBP mandate differently. Credibility of the organisation in each country was strong in many respects, thereby enabling peacebuilding approaches

Figure 1: Key success factors and conditions in health sector peacebuilding

<p>Environment</p> <ul style="list-style-type: none"> • Relative stability of the political environment • Clear national counterparts (on all sides) • A clear health sector framework (overview of needs, actors, resources and directions) • Permissive security environment 	<p>Vision</p> <ul style="list-style-type: none"> • A clear mandate and vision • Socio-political-economic analysis • Definition and vision of peacebuilding
<p>Strategy</p> <ul style="list-style-type: none"> • Clear short and long-term health objectives • Emphasis on non-medical skills and programming • Socio-political-economic engagement (integration of socio-political analysis with technical programme planning) 	<p>Action</p> <ul style="list-style-type: none"> • Strength of WHO field presence (quality of leadership, size) • Financial resources (quantity and flexibility) • Policy, technical and administrative support from Regional Office and/or HQ • Availability of peacebuilding tools • Progress evaluations and programme adjustments

Source: Developed from Hess & Pfeiffer, 2006, licensed under [CC BY-NC-SA 3.0 IGO](#).

¹⁰ WHO: Health as a Bridge for Peace - HUMANITARIAN CEASE-FIRES PROJECT (HCFP) https://www.who.int/hac/techguidance/hbp/cease_fires/en/ [Accessed 09/09/2020]

3. Historic examples

The following provide some examples of where humanitarian corridors and/or humanitarian pauses have been introduced into a conflict context. In general, little operational information or detail on how these interventions were developed could be found. So most of the examples are descriptive in nature. Some information could be found around the Security Council negotiations and discussions of humanitarian corridors in Syria, which provides some insights into the process but only at a high-level. Most of the information in this section is taken from practitioner reports and situation updates. The examples demonstrate some of the tensions and challenges around humanitarian corridors and humanitarian pauses.

Current Humanitarian Pause for COVID-19

In response to the COVID-19 pandemic, the Security Council released resolution S/RES/2532¹¹ on 1 July 2020 demanding “a general and immediate cessation of hostilities in all situations on the Council’s agenda and called upon all parties to armed conflicts to engage immediately in a 90-day humanitarian pause.” The resolution underlines support for the UN Secretary-General’s global ceasefire appeal issued in March 2020 to help unite efforts to fight against COVID-19 in vulnerable countries.¹² The durable humanitarian pause for at least 90 consecutive days will “enable the safe, unhindered and sustained delivery of humanitarian assistance, and provision of related services by humanitarian actors”. However, the Council affirmed that “the general and immediate cessation of hostilities and humanitarian pause does not apply to military operations against Islamic State in Iraq and the Levant (ISIL/Da’esh), Al-Qaida and Al-Nusra Front, and all other individuals, groups, undertakings and entities associated with Al-Qaida or ISIL, and other Council-designated terrorist groups.”

Centre for Humanitarian Dialogue (HD): Covid-19 Global Response Initiative

Following the United Nations Secretary-General’s call for a global ceasefire, on 23 March 2020 in response to the ongoing COVID-19 pandemic, HD launched a series of negotiations with armed groups with the aim of enabling humanitarian pauses. This global initiative focuses on conflict-affected areas and lays out the measures HD is taking to help prevent the spread of COVID-19 and to mitigate its impact. One of its four main goals is to promote humanitarian pauses in areas of active armed conflict to give space for an effective response against the pandemic (other goals are around delivering life-saving information; working with communities; and facilitating humanitarian access).¹³

It is recognised that ceasefires as a goal in their own right are not sustainable and do not work, however, as part of an initiative to either create political space or humanitarian space it can be more successful.

So far, HD has managed to work in 10 countries/areas around COVID-19 interventions and ceasefire declarations. Examples of where HD has been successful include:

¹¹ See <https://www.securitycouncilreport.org/un-documents/document/s-res-2532.php> [accessed 15/09/2020]

¹² See <https://www.un.org/sg/en/content/sg/statement/2020-03-23/secretary-generals-appeal-for-global-ceasefire> [accessed 15/09/2020]

¹³ See <https://www.hdcentre.org/activities/covid-19-global-response-initiative/> [accessed 15/09/2020]

- **Central African Republic:** HD facilitated declarations of solidarity on 18 April 2020 by two of the main armed groups in CAR, namely the Front démocratique du peuple centrafricain (FDPC) and the Retour, Réclamation, Réhabilitation groupe (3R). These two separate public calls for peaceful coexistence and the facilitation of humanitarian access to combat COVID-19 send important signals of appeasement during this turbulent period. The FDPC and 3R are both signatories to the Political Agreement for Peace and Reconciliation (APPR) that officially ended the civil war in CAR on 6 February 2019.
- **Libya:** On 24 March 2020, HD launched a [Call for Unifying Efforts Towards Coronavirus](#) in Libya. The Call was signed by over a thousand leading figures from across Libya including doctors, health professionals, mayors of towns and cities, parliamentarians and other political and media figures. It urges the war-torn nation's divided institutions to work together to tackle the disease. To help implement the Call, HD facilitated contacts between the country's leading doctors, international experts in epidemiology and hospital management, and Libyan doctors abroad in order to share expertise and devise solutions to the rapidly deteriorating situation. HD will continue to work with the signatories and parties to the conflict to facilitate humanitarian aid and help mitigate the effects of the pandemic. HD is also involved in a mediation process aimed at preserving Libya's water system. An agreement was reached on 13 April to re-establish the water supply to Tripoli, which had been suffering from water cuts since Monday 6 April. Joining the efforts of the United Nations Support Mission in Libya (UNSMIL), the Government of Italy, local tribal elders and other organisations, HD intervened directly with the individuals carrying out the blockade in an attempt to resolve the dispute peacefully.
- **Senegal:** The Casamance separatist forces have been in conflict with the government of Senegal since 1983 and a final political solution to the conflict has yet to be found. On 16 April 2020, with HD's involvement, the North-western, South-western and South-eastern fronts of the Movement of the Democratic Forces of Casamance (MFDC) have committed to fully cooperate with the Senegalese health authorities as well as humanitarian organisations to combat the COVID-19 pandemic.
- **Somalia:** HD is using community dialogue channels to convey information to hard-to-reach communities, and integrating COVID-19 messages into ongoing dialogue process activities. HD has briefed key government officials in both Puntland and Galmudug on the projects it has planned to launch, obtaining their buy-in and backing. This has been a way of ensuring conformity with and support to on-going government programmes and messaging on COVID-19.

Myanmar and COVID-19

A recent briefing note by the Asia Foundation (2020) looks at how COVID-19 has affected Myanmar's conflicts. Conflict between the Arakan Army (AA) and the Tatmadaw has continued across Rakhine State, despite calls for a global ceasefire by the UN Secretary General. The peace process in Myanmar has been stalled since October 2018. The process showed signs of revising in early 2020 but the arrival of COVID-19 has diminished any prospects of success. Calls to Tatmadaw for a ceasefire from ethnic armed organisations (EAOs) and the international community increased throughout March and April 2020 due to COVID-19. Whilst initially rejected by the Tatmadaw, a unilateral ceasefire was eventually declared on 9 May 2020. The Tatmadaw's declaration made on 9 May 2020 includes the statement that: "ethnic armed

organizations need to control themselves and take responsibilities for avoiding attacks[sic].”¹⁴ This raises the concern that the ceasefire does not apply to the conflict in Rakhine state as the government has labelled the Arakan Army as a terrorist organisation in line with the respective Myanmar laws (The Asia Foundation, 2020).

Humanitarian pauses

Occupied Palestinian Territory (OPT) and Israel

There have been a number of cases of humanitarian corridors and humanitarian pauses being agreed during conflicts between OPT and Israel. A number of short humanitarian pauses were agreed in 2014.

On 17 July 2014, a brief humanitarian pause was implemented in the Gaza strip during hostilities between Israel and Hamas. The pause was brokered by the UN and the ICRC to evacuate the wounded and the dead from Ash Shuja'iyeh neighbourhood, in the eastern part of Gaza City, after heavy artillery shelling. The pause was originally planned for between 10:00 to 15:00.¹⁵ In reality, a two-hour humanitarian pause began at 13:30 but was interrupted in the middle by crossfire, and subsequently extended until 16:30. This ceasefire could only be partially implemented due to the resumption of hostilities (OCHA, 2014). In this conflict, engagement with the Israeli forces was essential as they control ground access into Gaza, as well as the air and marine space (OCHA, 2018). Inside Gaza the intensity of active conflict and danger to humanitarian staff prohibits visits, meaning that communication through mobile phones and landlines is the only means to engage. These communication channels were used by humanitarian aid staff in the 2014 conflict to arrange humanitarian pauses.

Aceh, Indonesia

A brief by Huber (2008) explores the story of Aceh's journey toward peace between 1998-2006. The two key parties to the conflict were the Indonesian government and the Free Aceh Movement (GAM). In 1998, the East Timor crisis prompted the newly formed Centre for Humanitarian Dialogue (HD) to send a senior staff member to the region. In early 2000 a dialogue process was started and yielded a May agreement on a Joint Understanding on a Humanitarian Pause. This intended to open up humanitarian access to Aceh and start a process of confidence building between the Indonesian military and GAM. Humanitarian aid was briefly able to reach the war torn region, however, it was seen that Humanitarian Pause “provided cover for GAM to increase its revenue, augment its membership, and extend its control at the local level while government forces were prohibited from offensive operations” (Huber, 2008: p.18). The Humanitarian Pause collapsed in 2001 and large-scale military operations re-commenced. Peace settlement efforts were eventually successful in 2005-2006.

¹⁴ Republic of the Union of Myanmar, Office of the Commander-in-Chief of Defence Services, ‘Statement on Ceasefire and Eternal Peace’, 9 May 2020. <https://www.embassyofmyanmar.be/2020/05/10/statement-on-ceasefire-and-eternal-peace-office-of-the-commander-in-chief-of-defence-services-of-the-republic-of-the-union-of-myanmar/>

¹⁵ See <https://www.un.org/unispal/document/auto-insert-199587/> [accessed 17/09/2020]

Syria

There have been a number of humanitarian pauses and corridors suggested in Syria. These have often faced some backlash from humanitarian groups.

On 24 February 2018, the UN Security Council unanimously passed Resolution 2401 (UN Security Council, 2018), calling for an immediate cessation of hostilities by all parties in Syria, a 30-day humanitarian pause, the deployment of humanitarian convoys, medical evacuations, and the lifting of all sieges. The next day there was a major escalation in the ground offensive of pro-government forces in Eastern Ghouta. On 26 February 2018, Russia announced that there would be a five-hour humanitarian pause (9am-2pm) each day to allow civilians to leave Eastern Ghouta through al-Wafideen crossing (commencing on 27 February) (PAX, 2018). There were also commitments from three armed opposition groups to ensure humanitarian access (UN Security Council, 2018). According to a report by PAX (2018) only two civilians (children) are known to have passed through this crossing in the days after the announcement. Large-scale civilian displacement through al-Wafideen and other checkpoints would not begin until over a week later when pro-government forces began to invade the heavily populated towns and villages in central Eastern Ghouta. The report's contacts described several factors that would have prevented people from attempting to reach al-Wafideen: ground-based bombing continued during the "humanitarian pauses;" poor and blocked roads made it practically difficult to reach al-Wafideen; civilians did not want to become IDPs and feared not being allowed to return home; and no assurances of protection offered by neutral humanitarian organisations or UN agencies. Furthermore, the Government of Syria and its allies intensified airstrikes and initiated a ground offensive during this time, gaining more control over eastern Ghouta.

The UN was scathing about the effectiveness of this humanitarian pause. Some argue whether it can be considered a humanitarian pause given its political and military motivations. In reality, few civilians left. On the one hand, sufficient protection standards were not in place for voluntary movement. Moreover, armed groups prevented others from leaving (UN Security Council, 2018). Despite the five-hour window being insufficient to enable the safe, unimpeded and sustained delivery of humanitarian aid and services, on 5 March 2014 the UN sent an inter-agency convoy of 46 trucks to Douma, in eastern Ghouta, with food for 27,500 people, along with health and nutrition supplies. Most of the health supplies were removed by Syrian forces with only about 30% of medical supplies in the convoy being allowed in. During the so-called daily humanitarian pause, over 56 air strikes hit eastern Ghouta between 27 February and 7 March, including at least six air strikes by Russian aircraft, according to monitors on the ground (UN Security Council, 2018: p.9).

Yemen

There have been a number of humanitarian pauses announced in Yemen during the recent conflict, however, many of these have not come to fruition or been recognised by all parties and so the pause did not hold. On 7 May 2015, parties to the Yemen conflict agreed to a five-day pause in fighting in order to facilitate humanitarian access, and the delivery of essential supplies and personnel. The pause commenced at 23.00 on Tuesday 12 May 2015 and lasted until 23.00 on Sunday 17 May 2015. Members of the Yemen Humanitarian Country Team issued daily Situation Reports through OCHA during the pause to provide detailed accounts of

implementation. The final situation report from Sunday 17 May provided the following information (OCHA Yemen, 2015):

- Overall, the pause facilitated the delivery of critical humanitarian assistance. It also allowed civilians in many areas to move out of insecure areas and seek aid.
- During the pause, conflict-affected people in many locations were able to seek medical care, reach services, and access basic commodities. The pause also facilitated delivery of critical fuel and humanitarian supplies, as well as the completion of needs assessments.
- Violations of the pause continued throughout. Armed clashes and shelling were reported in several locations. Despite this, the pause saw significant improvements in security compared to pre-pause conditions.
- Ongoing insecurity, fuel shortages and other logistical challenges undermined full implementation of the humanitarian plan during the pause. Poor telecommunications links also hindered full reporting from certain areas. Poor road conditions throughout the pause resulted in major transport delays.

The pause allowed for the distribution of supplies to some hard to access, affected communities, but it was seen as being too short by aid workers to make a real difference.¹⁶ There were also concerns from others that a humanitarian pause would legitimise the conflict.¹⁷

Humanitarian corridors

Iraq

Humanitarian corridors have long been discussed in relation to Iraq and humanitarian access. But there are few clear examples or evidence of when humanitarian corridors have been opened.

The 2016 Iraq Humanitarian Response Plan (The Iraq Humanitarian Country Team, 2015) makes mention of humanitarian corridors. Specifically around plans for humanitarian corridors for internally displaced people (IDPs) fleeing Mosul city. The plan has a section on access in which it discusses the large constraints around humanitarian access. In particular, humanitarian operations struggled to reach people in need in locations in Mosul, Ninewa, Anbar, Salah al-Din and Kirkuk. The discussion highlights that **local partners had been more successful at securing access in conflict areas, although more needed to be done to negotiate generalised mechanisms for safe passage**. Steps being taken as part of a collective commitment to expand humanitarian reach included:

- Strengthening the capacity of local front-line partners.
- Developing relationships with authorities, tribes, armed groups and other key stakeholders across the country.
- A mechanism to manage deconfliction of road movements had already been established.

¹⁶ See <https://www.thenewhumanitarian.org/news/2015/05/18/children-bear-brunt-yemen-s-war> [accessed 16/09/2020]

¹⁷ See <https://www.thenewhumanitarian.org/news/2015/05/12/will-yemen-truce-allow-aid-last> [accessed 16/09/2020]

- More field-level negotiations and day-to-day engagement with parties are planned.
- **Establishing a formal access monitoring and reporting mechanism to create an evidence base to support negotiations on humanitarian corridors and protection of civilians.**

The plan also included a section on the Logistics Cluster and their minimum assistance package, which included “planning and facilitating the coordination of inter-agency humanitarian convoys and airlifts as needed and possible.” The delivery of this package was to be **sequenced** into three phases, delivered as the emergency continues and access and resources permit (The Iraq Humanitarian Country Team, 2015: p.85):

- The first-line response provides common humanitarian logistic services, coordination and information management services.
- The second-line response expands logistic contingency and emergency measures, provides support to inter-agency humanitarian convoys to hard-to-reach areas, and enhances coordination and information management services.
- The full cluster response, where security allows, **facilitates access to hard-to-reach and emergency areas through organisation of regular inter-agency convoys along agreed humanitarian corridors**, enhanced support to national actors, strengthened airlift capacity, and emergency common storage and transport solutions.

The 2017 Iraq Humanitarian Response Plan highlights that humanitarian access improved significantly during the second half of 2016 due to a combination of factors including, the deployment of a larger civil-military coordination team, a more enabling security management system for UN agencies, accelerated support from mine action partners, the establishment of mechanisms for safe passage and agreement on clear response protocols. Humanitarian corridors were not mentioned specifically (The Iraq Humanitarian Country Team, 2017: p.14). The report indicates that the clear sequencing of actions has helped to reduce first-line response times. “As soon as an area is declared safe by Iraqi authorities, inter-agency teams led by OCHA’s civil-military coordination officers are deployed to assess security conditions and negotiate access” (The Iraq Humanitarian Country Team, 2017: p.14). Humanitarian access to most areas of Iraq continued to improve in 2017 and improved significantly in 2018. In 2019, Iraq started transitioning to a post-conflict phase. In the most recent 2020 Iraq Humanitarian Response Plan¹⁸, no mention of corridors is made. Although conflict no longer blocks many parts of the country, humanitarian access remains an issue, being blocked by local actors – from governorate authorities through to local checkpoints – through significant administrative constraints.

Syria

Russia and the government of Syria have been proposing humanitarian corridors to reach people in need for a number of years. However, the creation of these has been seen by some as

¹⁸ See https://reliefweb.int/sites/reliefweb.int/files/resources/iraq_humanitarianresponseplan_2020.pdf [accessed 16/09/2020]

incongruous and unsafe, being used as a media stunt by Russia and Syria or to regroup (PAX, 2018).

The establishment of humanitarian corridors out of Aleppo was unilaterally proposed by Russia and Syria on 28 July 2016. Many humanitarian organisations were against the proposal. A statement from 35 Syrian, regional and international humanitarian, human rights and development organisations condemning the proposal was released on 2 August 2016 (Save the Children, 2016). They considered the proposal to be “deeply flawed on humanitarian grounds.” Seeing the proposed humanitarian corridor **as not being neutral and posing significant risks to civilians**. They asserted that the proposal was putting forth the idea that those who stayed behind would become legitimate military targets. The statement urged Russia’s support of a call by the UN for “an immediate weekly 48-hour humanitarian pause to ensure safe, unimpeded and immediate humanitarian access – both for aid to get into Aleppo and for civilians to leave voluntarily” (Save the Children, 2016). The High Negotiations Committee (HNC), the Riyadh-based opposition umbrella group, also “condemned Russia’s proposal for humanitarian corridors, **characterising it as a euphemism for forced displacement**” (Security Council Report, 2016a). In the September 2016 monthly update from the Security Council Report, mention was made of a UN position paper on the proposal being transmitted to Russia on 3 August 2016. This set out the conditions that needed to be met for UN humanitarian agencies to possibly be involved with “humanitarian corridors” in Aleppo. These included the need to ensure the humanitarian nature of such corridors, detailing operational and protection considerations (especially concerning detention), the need for the security of any such corridors to be guaranteed by all parties and that people should be able to use such corridors voluntarily. Russia responded on 15 August that the UN position paper could be used as a basis for further discussion (Security Council Report, 2016a). The next monthly Security Council Report update for October 2016 reported that “Developments over the course of September centred on the negotiation, agreement, initial implementation and rupturing of a renewed cessation of hostilities agreement between Russia and the US, followed by a massive military escalation by the Syrian government and Russia against opposition-held eastern Aleppo” (Security Council Report, 2016b).

In February 2019, the Russian and Syrian coordination centres released a joint statement announcing the establishment of two humanitarian corridors at the edge of the US-marked 55km deconfliction zone in Al Tanf Border Crossing on the Jordan border. Russia established two checkpoints designed to act as a humanitarian corridor to help civilians living in Rukban IDP camp on the Jordanian border who want to return to government areas of Syria. The checkpoints were jointly run by Russian Military Police and the Syrian Coordination Committee of Refugee Repatriation (The Carter Centre, 2019). The UN had little involvement in the establishment of the humanitarian corridors. According to an article by Marks (2019) for the Carnegie Endowment for International Peace website, the statement seized on a recent “faulty” UN intention survey which indicated Rubkan residents’ preference to return home but failed to emphasise their “significant security concerns” about doing so. The corridors sparked international controversy, as the camp had been blockaded since 2016 when Jordan closed the border after a number of attacks, preventing food aid from getting through. Russia and Syria’s announcement came after two UN humanitarian aid convoys visited the camp from Damascus earlier in February 2019 and another in November 2018, this followed months of intensive negotiations among Syria, Russia, Jordan, the United States, and the UN. There were calls for Russia and Syria to let through humanitarian aid to Rukban, but these were not successful, with Russia and Syria cutting off all major routes into the camp. Marks (2019) argues that “Russia and Syria moved to extend their presence in the

east on the pretence of helping Rukban residents go home” with little transparency and accountability.

In relation to COVID-19, Syria, Russia and Turkey, despite conflicting interests, announced a ceasefire on 5 March 2020 for northwest Syria.¹⁹ This came into effect on 6 March 2020. The agreement included the establishment of a 6km wide “security corridor” that stretches both sides of the Aleppo-Latakia Highway (M4), which is jointly patrolled by Russian and Turkish forces.²⁰ Although exact details on its current status could not be found, a UN news report from 29 April 2020 quotes the UN Special Envoy to Syria reporting that the Russian-Turkish arrangements (joint patrols) in the northwest had made “a positive difference on the ground.” But that the calm in the north was fragile.²¹ In the most recent Security Council briefing on Syria dated 16 September 2020, there is a brief mention of the ceasefire in the northwest and the situation remaining “relatively stable,” but that reports continue to be received about ceasefire violations.²²

Operation Lifeline Sudan

Operation Lifeline Sudan (OLS), established in April 1989, is an example of an early negotiated humanitarian access programme in the post-cold war era. This was a significant departure for the UN, as its agencies directly engaged with warring parties other than recognised governments, and in conflict zones in advance of any peace deal. OLS was based on the establishment of “corridors of tranquillity” through which aid could be delivered after negotiations with the government and the Sudan People’s Liberation Movement/Army (SPLM/A) (Collinson & Elhawary, 2012: p.6). These were set up as time-limited operations in the context of pre-arranged, temporary “corridors of tranquillity” enabling some humanitarian access directly into war zones in the South, usually with a number of conditions attached that had to be carefully negotiated with the belligerents concerned (Collinson & Elhawary, 2012: p.6). These were agreed to after neither side would commit to an established, formal blanket ceasefire (Philpot, 2011). The success of these agreements was contingent on wider political factors that were beyond the control of humanitarian agencies themselves, and the agreements proved to be limited and fragile (Bradbury, Leader & Mackintosh, 2000). OLS also negotiated the Agreement on Ground Rules in Sudan, which was one of the first “codes” developed by aid agencies. The Ground Rules in Sudan were widely criticised for being unenforceable in respect to compliance by the SPLA/M (Bradbury, Leader & Mackintosh, 2000).

A report by Maxwell et al. (2014) reviews lessons from OLS and their implications. The team conclude that there was no single ‘right’ way to do things. Nevertheless, several major points emerge from this review (Maxwell et al., 2014: pp.12-14):

¹⁹ See <https://reliefweb.int/sites/reliefweb.int/files/resources/Syrian%20Arab%20Republic%20-%20Cross-Border%20Humanitarian%20Reach%20and%20Activities%20from%20Turkey%20%28March-2020%29.pdf> [accessed 16/09/2020]

²⁰ Information from https://www.refugeesinternational.org/reports/2020/4/27/a-crisis-on-top-of-a-crisis-covid-19-looms-over-war-ravaged-idlib#_edn3 [accessed 16/09/2020]

²¹ Taken from <https://news.un.org/en/story/2020/04/1062862> [accessed 17/09/2020]

²² Taken from

https://reliefweb.int/sites/reliefweb.int/files/resources/200916_Syria_USG%20SECCO%20Statement%20Final.pdf [accessed 17/09/2020]

- The Ground Rules were the centrepiece of OLS, but there was no clear mechanism then for enforcing them, such agreements depend on **continuous discussions and negotiations**.
- It is unrealistic to think that a negotiated compromise is going to prevent aid diversion, distortion or political manipulation and humanitarian agencies should plan for these contingencies, rather than thinking that an ideal negotiated agreement will make them go away.
- Incorporation of protection into negotiated access discussions makes them more fraught, not less.
- Negotiations over access, before and including the Ground Rules, created (accidental) pockets of relative peace. These allowed the creation of some governance structures that were quite unlikely otherwise, which in turn improved the delivery of aid and ultimately contributed to the building of sustainable institutions.
- The recognition of traditional authorities as a bridge between humanitarian efforts and affected communities.

4. Other guidance

Little evidence could be found in this rapid review around the processes of negotiating or operationalising humanitarian corridors or pauses. More literature and guidance is available on negotiation of humanitarian access and safe zones/de-escalation zones and negotiation of ceasefires, which may provide some insights into negotiations over corridors and pauses.

CCHN Field manual

The Centre of Competence on Humanitarian Negotiation (CCHN)²³ facilitates the capture, analysis and sharing of humanitarian negotiation experiences and practices. *The CCHN Field Manual on Frontline Humanitarian Negotiation* (CCHN, 2019) provides material drawn from an empirical analysis of humanitarian negotiation practices informed by a series of informal, personal, and confidential interviews of field practitioners. Within the extensive report the section on frontline negotiators makes mention of humanitarian corridors within an example of a **technical negotiation**²⁴, using the example of an evacuation of wounded persons from a besieged area. The manual emphasises critical questions as being those around the location of the evacuation corridor and at what times the corridor will open and close. The manual argues that this negotiation should not be handled as a professional conversation (i.e. seeking consensus on an acceptable standard) or as a political conversation, but as a technical one. The manual argues that “The window of a humanitarian corridor across a frontline is a security guarantee leaving no space for interpretation. In such cases, serious efforts should be made **to depoliticise the negotiation process**” (CCHN, 2019: p.127). There is a need for **precision and clarity in the agreement between all parties concerned**. The other two sections in the report

²³ See <https://frontline-negotiations.org/> [accessed 15/09/2020]

²⁴ For the purpose of situating the key characteristics of humanitarian negotiation, the field manual arranges negotiation activities into three general categories focusing on the relationship between the parties, namely: adversarial; transactional; and relational. Technical negotiation is one of three types of relational negotiation, the others include political and professional (for more information see 'TOOL 4: DETERMINING THE TYPOLOGY OF A HUMANITARIAN NEGOTIATION' section in CCHN, 2019: pp.106-136)

examine the roles and tasks of the frontline negotiator's support team and the mandator. There is no specific mention within the field manual of humanitarian pauses.

In an interview for ICRC in 2018, Claude Bruderlein, Director of CCHN, cautions that from experience in cross-line operations (e.g. during the Second Battle of Falluja in 2004 and the 'liberation' of Sri Lanka's Vanni region in 2008) in the immediate aftermath of a cease-fire established to allow for a humanitarian corridor to be opened, hostilities tend to intensify massively in the exact perimeters of the corridor. Hence negotiators "need to have an acute awareness of the risks an escalation of hostilities might pose and consider consequences for vulnerable populations they are trying to help."²⁵

ICRC and InterAction roundtable

A closed International Committee of the Red Cross (ICRC) and InterAction roundtable held in April 2015 brought together U.S. policymakers, humanitarian actors, and other stakeholders to discuss options for assisting civilians trapped in conflict. Various forms of intervention discussed included evacuations, ceasefires, safe havens, buffer zones, and no-fly zones. The following points are some of the conclusions drawn from the roundtable (although they do not imply that a uniform consensus was reached on each point) as being useful to consider by actors planning or implementing options to assist people trapped in conflict (ICRC & InterAction, 2015: pp.12-13):

- Consider the **relationship between the humanitarian actors and the population** (including armed groups, political actors, and ordinary civilians). It is important to consider the perception of the humanitarian agencies by actors and how this may impact on negotiating consent. The array of disparate actors and relationships in any given geographical area are also key to consider. Context-specific analysis and **continuous consultation with at-risk populations is needed.**
- Humanitarian, political and military actors should all consider the **implications of interventions for civilians trapped in conflict, both short-term and long-term.** Being particularly aware of new risks or additional harm that may arise due to the action taken.
- Whatever action is pursued, the **desired effects and outcomes should be articulated.** This requires focusing on more than just tasks, but also how different components of an operation might be sequenced to bring about the outcome.
- Importance of **strengthening relationships with local actors** who can help facilitate humanitarian access in a context with fragmented authority.
- Several participants affirmed that the **constant refrain of proposals for buffer zones, safe havens, no fly zones, and military intervention reflect a paucity of good options** and a **lack of clarity among many actors about what these actions actually entail.** Need for better guidance and literature drawing from field experiences.

²⁵ Information taken from <https://blogs.icrc.org/law-and-policy/2018/01/04/challenges-dilemmas-in-frontline-negotiations-interview-with-claude-bruderlein/> [accessed 15/09/2020]

Negotiating ceasefires – HD guide

Another guide is that on *Negotiating Ceasefires* by Chounet-Cambas (2011) for the HD centre's Mediation Practice Series. The publication provides a concise and user-friendly overview of relevant issues, key dilemmas and challenges that mediators may face in negotiating ceasefires. It concludes by recommending a thorough analysis of the conflict environment and the possible scenarios as key in ascertaining what the parties expect from and are willing to invest into a ceasefire. This should also suggest the extent to which a ceasefire may also lead to a sustainable settlement (Chounet-Cambas, 2011: p.35).

Humanitarian evacuations – UNHCR internal note

An internal note by UNHCR on humanitarian evacuations in conflict contexts puts forth guidance for its staff and other humanitarian organisations to consider when deciding on whether and how to engage in humanitarian evacuations (which should only be used as a last resort). They derive a set of minimum standards, taking from international humanitarian law, the core humanitarian principles and field experiences, which should be pre-requisites for participating in humanitarian evacuations. Namely (UNHCR, 2016: p.15):

1. Civilians will be protected against attack, and be granted safe passage during an evacuation.
2. Both civilians and any person detained/hors de combat must be treated humanely and in accordance with international law, regardless of whether they are included in a humanitarian evacuation.
3. The parties to the conflict must allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need, which is impartial in character and conducted without any adverse distinction, subject to their right of control.
4. Certain international humanitarian agencies such as ICRC will need access to any persons detained before, during, and after the humanitarian evacuation to register them and monitor their treatment.
5. Civilians will not be arbitrarily deprived of objects indispensable to their survival, nor will their access to relief supplies be impeded.
6. The sick and wounded must be cared for.
7. Children must be afforded special protection.
8. Humanitarian organisations should be able to undertake all measures to safeguard family unity, including tracing of family members.
9. The safety and protection of humanitarian and medical personnel, as well as humanitarian convoys should be respected before, during and after humanitarian evacuations.

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