PRIORITIZATION IN MEDICAL HUMANITARIAN AID: A BRIEF LOOK INTO THE FUNDAMENTAL PRINCIPLES

PRIORITIZATION IN MEDICAL HUMANITARIAN AID: A BRIEF LOOK INTO THE FUNDAMENTAL PRINCIPLES

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Lay Abstract

1 in 22 people globally require humanitarian aid, totaling an "all-time high" of 362 million in 2024 (UNIS, 2024). As humanitarian aid organizations struggle to address rising needs, brief insights into the future reveal that prioritization, who and when humanitarian aid organizations choose to help will soon become a necessary protocol (Slim, 2024). How organizations currently engage in articulating justifications for prioritization is unclear. Therefore, this paper's research question is "How do humanitarian aid organizations (e.g., IRC and MSF) articulate justifications for prioritization?" The literature search revealed that humanitarian aid organizations partly derive decision-making processes from internal ethical codes and principles, directing the study to assess through a realist evaluation, the presence of the fundamental principles as justifications for prioritization across three different case studies of humanitarian interventions. This revealed the presence of some principles, the absence of others, and the influence of external factors.

Abstract

United Nations and partner organizations assisted almost 200 million people in 2022 across 63 countries through joint funding amounting to 41 billion dollars (United Nations Global Humanitarian Overview, 2022). Some organizations taking on the biggest burden of providing this aid, specifically medical humanitarian aid, are the International Committee of the Red Cross and Médecins Sans Frontières. In 2023, these organizations addressed almost 200 missions worldwide, staffing nearly 100,000 across both organizations (ICRC, Annual Report 2023) (MSF, Annual Report, 2023). As the number of people requiring aid globally continues to increase while funding and capacity dwindle, a resource allocation crisis is created, forcing these organizations to prioritize (Slim, 2024). Priortization, a more contemporary term in humanitarian aid is understood as who humanitarian aid organizations can help and when. The ICRC and MSF maintain clear ethical codes, such as the ICRC's list of Fundamental Principles, however, the justifications that humanitarian aid organizations articulate for prioritization are vaguely externalized. Therefore, The research question guiding this paper was, "How do humanitarian aid organizations (e.g., IRC and MSF) articulate justifications for prioritization?" The initial literature review revealed that humanitarian aid organizations partly derive decision-making processes from certain internal ethical codes and principles, whether implicitly or explicitly. This prompted a realist evaluation of three emergency humanitarian interventions as case studies, a conflict, climate, and epidemic disaster through publicly available data. The cross-analysis of those three case studies, the Syrian Civil War (2011-ongoing), Cyclone Idai (2019), and finally the Ebola Virus Outbreak in West Africa (2014-2016) indicated the absence of some principles and the presence of other external factors that influence prioritization.

Acknowledgments

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List of all Abbreviations and Symbols

UNIS - United Nations Information Service

ICRC - International Committee of the Red Cross

MSF - Médecins Sans Frontières

IHL - International Humanitarian Law

COC - Code of Conduct

NGO - Non-Governmental Organization

IFRC - International Federation of the Red Cross

SPICE - Setting, Perspective, Intervention, Comparison, Evaluation

ALNAP - Active Learning Network for Accountability and Performance

C+M=O - Context + Mechanism = Outcome

UNHCR - United Nations High Commissioner for Refugees

UN - United Nations

SARC - Syrian Arab Red Cross

UNOCHA - United Nations Office for the Coordination of Humanitarian Affairs

UNICEF - United Nations International Children Emergency Fund

WFP - World Food Programme

UNHAS - United Nations Humanitarian Air Service

WHO - World Health Organization

CDC - Center for Disease Control

DW - Deutsche Welle

AJ - Al Jazeera

Decleration of Academic Achivement

The following is a declaration that the content of the research in this document has been completed by Hanan Dudin, in addition to the valuable insight of her thesis supervisor Dr. Lisa Schwartz, and supervisory committee members Dr. Olive Wahoush and Dr. Sonya DeLaat.

Introduction

In 2022, 247 million people were actively in need of humanitarian aid (United Nations Global Humanitarian Overview, 2022). The provision of emergency medical services is an essential facet of humanitarian aid and is primarily led by the International Federation of the Red Cross and Medicine Sans Frontieres. In 2023, Médecins Sans Frontières, an "international, independent, medical humanitarian organization" that provides medical assistance to people affected by conflict, epidemics, and disasters (MSF Website) reported having admitted over 1.3 million patients under its care and seen almost 2 million emergency room admissions on various missions across the world (MSF, Year in Review, 2023). Similarly, the International Federation of the Red Cross which operated under a budget of 2.4 billion Swiss Francs in 2023, provided support for over 700 hospitals and registered almost 3 million consultations with patients and over 50,000 surgical admissions for weapons-related injuries (ICRC, Year in Review, 2023).

Despite the globally recognized importance of humanitarian aid, it remains underfunded, forcing difficult resource allocation considerations (Marks, 2024; Horn et al., 2024). While both the ICRC and MSF are continuously broadening their reach and building their capacity, the Norwegian Refugee Council reports an "alarming drop in global funding" identifying that halfway into 2024, only 18% of funding for humanitarian assistance globally had been received (Norwegian Refugee Council, 2024). Resource shortages force organizations to rank the crises they need to respond to in order of priority, these must be articulated, as humanitarian crises are all categorized as extremely sensitive and time-urgent situations with often only slight differences amongst them. Therefore, humanitarian aid organizations should have transparent criteria by which they can prioritize to avoid the presence or appearance of bias in resource allocation to maximize the preservation of human life. In Hugo Slim's 2024 climate emergency essay "Painful Choices: How Humanitarians

Can Prioritize in a World of Rising Need", he quotes the IFRC saying "The thing we must address – but are not talking about yet – is prioritization: choosing who we can help and who we can't," indicating that the issue of prioritization while at the forefront of the organization's agenda remains largely unanswered (Slim, 2024). A recent increase in "earmarking" which means when donors choose to allocate their donations to specific types of aid, such as food distribution, is also contributing to a widening funding gap across different crises. (Craig, 2024). The literature review conducted for this study indicates a lack of research on prioritization, with existing publications mostly investigating resource allocation and supply chain management without factoring in prioritization. There is furthermore a lack of transparent information as to how organizations undertake prioritization internally, whether there are pre-determined criteria, who makes decisions on prioritization, and how they are publicly communicated. There is evidence to suggest that these mechanisms are correlated to the fundamental ethical principles and codes that organizations adopted at their founding, although they are also not applied without controversy (Weiss, 1999). This study explores to what extent these principles and codes determine prioritization and how they may differ across interventions.

In Slim's essay, he emphasizes the urgency of incorporating a prioritization mechanism into humanitarian aid distribution, a morally painful discussion that will only increase in difficulty as we approach unprecedented circumstances that "will inevitably involve choosing between human lives within as well as between different countries" (Slim, 2024). Every day humanitarian aid organizations delay exploring prioritization, and the global aid community risks embarking on its next decade of interventions underprepared. To broach this conversation, this thesis asks the question: "How do humanitarian aid organizations (e.g., IRC and MSF) articulate justifications for prioritization?" This thesis investigates this question through an exploratory realist evaluation applied to three different

case studies. Evidence was collected from publicly available humanitarian aid organization databases, as well as other multimedia sources such as news and journal publications to provide a more concrete picture of how prioritization was determined.

Literature Review

While various approaches to humanitarian aid exist in the humanitarian sphere, two remain predominant. The classic Dunantist, rights-based approach, and the more reformist, and Wilsonian, development-based humanitarianism, which incorporates development ideals into humanitarian aid. The former is adhered to by the ICRC and MSF, and the latter is pioneered by non-governmental organizations such as Oxfam (Adami, 2021). The rights-based approach is understood as an "effort to bring a measure of humanity... into situations that should not exist" whereas the development approach views relief-based assistance as lacking, arguing for advances in protecting human rights and development as integral to humanitarian relief (Adami, 2021). Dunantist humanitarianism is described as short-term oriented, and focused on alleviating harm and suffering, with development aid never part of their agenda as these organizations did not intend to be in any given location for extended periods (Adami, 2021). As this research pertains specifically to emergency crises, it will not include the perspectives of development-based Wilsonian organizations that address long-term problems in the humanitarian sphere. Rather, it will focus on emergency case studies, which are primarily addressed by rights-based organizations, and require an immediate response.

Organizations such as the International Committee of the Red Cross ground their organizational culture in a series of operational and ethical documents that also inform decision-making for many different processes and situations across the organization. For the ICRC, these building blocks can be traced back to its founding in 1863 after the Battle of

Solferino, and the adoption of the Geneva Convention in 1864. These events were foundational to international humanitarian law (IHL), and in turn informed the ICRC's ethical and operational codes (Labbé & Daudin, 2015). A century of experience later, the ethical and operational framework underpinning the movement's work became formalized through the Fundamental Principles at the 20th International Conference of the Red Cross (Labbé & Daudin, 2015). The ICRC settled on seven Fundamental Principles that would henceforth guide all work in disaster response and conflict. They remain to this day: Humanity, Impartiality, Neutrality, Independence, Voluntary Service, and Universality (ICRC). As a movement based entirely on the delivery of services, the principles as a collective are essential alongside other legal structures to help regulate the distribution of aid (Kyazze, 2015). The historical evolution of these ethical codes lends to the understanding that it is these same Fundamental Principles that play a role in the rapid decision-making processes, such as prioritization, used by these organizations in humanitarian emergencies today. The literature review examines a brief history of the ethical values of the ICRC and MSF and the limited existing and most highly circulated prioritization guidance documents, such as the ICRC Code of Conduct and SPHERE Minimum Standards, and their implementation challenges.

The ICRC has been a pillar of humanitarian aid and Dunantist humanitarianism in particular with no foreseeable expectation of change. In coordination with the principles of neutrality and impartiality, the ICRC holds a political strategy of non-alignment with any party of a conflict, to serve the larger goal of maintaining access to those in need of assistance. This orientation to aid protects relationships with all political actors, most notably the ICRC did so with the Taliban in Afghanistan when no other NGO or governmental organization was able to maintain a line of communication (Franke, 2010). This relationship was perceived by many as meaning that the ICRC had abandoned its position of neutrality,

but transparency and dialogue with all partners globally reasserted that the ICRC's values were adhered to (Terry, 2011). While this relationship meant consistent aid, it also caused controversy, but for the ICRC to maintain this relationship was critical and they rejected the idea that it at all normalized conflict or crimes against humanity in the process (Franke, 2010). Neutrality is said to guarantee the presence of humanitarian actors in any crisis and protect their ability to fulfill their goals of providing life-saving care and resources, which is most safely done in a secured neutralized space (Adami, 2021). The ICRC protects its core principle of neutrality by securing coherence within the organization through its shared principles strictly followed across all branches, regardless of cultural or linguistic differences. Maintaining this level of consistency ensures equitable application of the principles across different branches of the ICRC. In Lebanon, which is highly affected by religious divides, the ICRC requires its staff to adhere to the use of names without religious connotations, to maintain a consistent presence across various areas in the country (Labbé & Daudin, 2015). In this way, the principles create consistency among chapters of the Committee protecting the movement from fracture and difference (Franke, 2010). The ICRC is in this way, keeping with the principle of neutrality, consistently attempting to remain strategic on the political stage while never sacrificing operational access, emphasizing the benefits of impartial, and neutral humanitarian action. This strategic position is not without limitations and prohibits the movement from participating in or engaging in the development approach that communities need in the aftermath of these crises (Labbé & Daudin, 2015). Critics have claimed that the International Federation of the Red Cross (IFRC), which coordinates the various networks that compromise the ICRC is guilty of providing "blind charity" (non-strategic and inefficient aid) that prioritizes quantity over impact (Gordon & Donini, 2015) and advocated that the IFRC rethink its position of neutrality (Franke, 2010). Yet it remains steadfast in its belief that neutrality and the access it provides cannot be replaced.

Equally as influential in the humanitarian aid space, Medicine Sans Frontières (MSF) is an emergency medical organization that was built when a group of doctors and journalists in the ICRC were struggling with the principle of neutrality in 1971 (Heyse & Korff, 2021). While MSF and the ICRC share many commonalities, MSF boasts a unique interpretation of humanitarianism (Heyse & Korff, 2021). The first of which is the principle of "témiognage" which comes from the French verb "temoigner" meaning to witness, which to MSF means to bring awareness publicly or privately, whenever possible, to injustices it finds, (MSF Website) (Pringle & Hunt, 2014). There are key differences in how the principles of independence and humanitarianism are institutionalized in the very identity of MSF compared to the ICRC and they remain enshrined in its foundational documents the Chantilly (1995) and La Mancha (2006) agreements (Heyse & Korff, 2021). While the ICRC has embodied traditionally a more conservative and neutral approach, MSF has displayed some flexibility in publicly voicing disagreements. The fundamentally different understandings of these principles, understood by many members of the humanitarian field as "radicalism," on behalf of the MSF, are now an expectation and thus allow the opportunity for the organization to regularly participate in the rejection or challenging of the common practices of the humanitarian field (Heyse & Korff, 2021). To accommodate this, MSF maintains a certain level of independence from other aid organizations (Heyse & Korff, 2021), and even from state actors, relying completely on donations, volunteers, and temporary workers to be able to function without influence (Pringle & Hunt, 2014). This illuminates that even Neutrality, one of the foremost principles agreed upon by partners in the humanitarian sphere often experiences interpretational differences among partners. With emergency humanitarian interventions operating with scarce information, differences in how interpretation can further complicate emergency decision-making.

To cohere and streamline the humanitarian space, two significant efforts have been made in the humanitarian field: the ICRC Code of Conduct (COC), and the Sphere Project. The ICRC Code of Conduct of 1992 originated in the aftermath of rising concerns about the humanitarian efforts in Sudan in the 1980s, specifically with fundraising and programming (Gostelow, 1999). The Code's goal was to standardize operational independence and effectiveness (Gostelow, 1999). The COC provides organizations with expectations and objectives in practice. They differ from the Fundamental Principles because the COC is intentionally created to address disaster relief whereas the principles are used to ensure that decisions are in line with the broader mission of the organization, offering both relief and human rights (Coles et al., 2022). While having received international recognition, the Code has remained underused and is entirely voluntary. To this day, the COC has notably only been used on two levels: as a personal code to guide aid workers on the ground, and on an institutional level. Without an accountability mechanism, organizations were not obligated to indicate justifications made for decision-making. Overall, the gaps in the COC such as the lack of consistency in applicability and lack of accountability mechanisms paved the way for the Sphere project (Walker & Maxwell, 2008).

In 1997, the Sphere Minimum Standards were built primarily to improve the accountability systems of over 400 organizations, but the extent to which the collective guidelines made a difference remains inconclusive (Weiss & Hoffman, 2007). At its outset, the standards were an unprecedented show of inter-agency cooperation, a product of 228 different organizational and 800 individual consultations. This development process displayed enormous commitment to effective cooperation between agencies, proving that in the humanitarian field, there is more in common between actors than different (Gostelow, 1999). The main aims of the Sphere project are to improve the effectiveness of humanitarian efforts, to enhance accountability in the humanitarian system, and to be a tool, a synthesis of

guidelines, procedures, and norms. By providing these concrete standards, it attempts to make sure they do not become underused like the COC was (Gostelow, 1999).

Despite the attempts to harmonize the ethical standards through COC and Sphere Minimum Standards, there is little evidence to show their influence amongst humanitarian aid organizations. As a primary example, the Sphere standards require little to no commitment on behalf of organizations to comply (Gostelow, 1999). Compounded with the increased emergence of ethical conflicts (Pringle & Hunt, 2014), the question of decision-making is definitively a priority in the humanitarian field. Recent research into "ethical closure" found that decisions made to close humanitarian projects are broadly influenced by a variety of internal and external influences, such as diversity in funding, differences in mandates, and institutional structures and cultures (Pal et al., 2019). This research concluded that to ensure an ethical closure, organizations should be proactive in planning and responding to humanitarian contexts, and the possible vulnerabilities that a mission could create (Pal et al., 2019). Little literature was found to indicate any criteria or justifications used by humanitarian aid organizations to put a crisis at the forefront of their docket. The research findings on ethical closure have thus illuminated the gap in the existing literature regarding prioritization and ethical decision-making at the initiation process of humanitarian aid.

At the macro level, complex decisions are regularly made according to organizational mandates, when it comes to prioritization, it is difficult to identify the methodology used by organizations (Heyse, 2013; Cuthbertson & Penney, 2023; Pringle & Hunt, 2014). The ICRC claims that the Fundamental Principles define the identity of any Movement actor, allow the organization to initiate important work based on vulnerability, and ensure all situations are approached systematically and practically (Kyazze, 2015). The principles are productive and effective in helping agencies gain access to marginalized and vulnerable communities. Still,

they remain abstract, and that leads to a variety of different results when it comes to decision-making (Kyazze, 2015). Ethical questions such as those regarding decision-making are difficult for humanitarian organizations because they create tensions between the different goals of their mission, whether centered around relief, development, or immediate humanitarian needs (Slim, 2015). Critics of the Movement can agree that while the principles provide a good framework to guide decision-making, they have rarely been applied without full consideration of people's best interests. Therefore, exceptions are occasionally made (Weiss, 1999; Labbé & Daudin, 2015; Cuthbertson & Penney, 2023). The lack of a coherent ethical framework, to which decisions and their impacts can be compared, considered, and referenced, leads to increased conflict between organizational and personal values for decision-makers, leadership, and funders (Cuthbertson & Penney, 2023; Pal et al., 2019).

There is little consensus amongst movement partners about a standardized process for prioritization. Sometimes referred to as "triage" or "targeting" prioritization is the process of deciding "which population and places need assistance, which type of assistance is needed, and how this assistance will be delivered," as well as who, when, and how the assistance will be provided (Mena & Hilhorst, 2022). The difference among humanitarian aid organizations in codes, methods, and principles, such as the earlier articulated example of the rights-based approach vs. development-based approach in humanitarian aid, is a reason that they have struggled to agree on which victims should receive priority treatment in the past (Weiss & Hoffman, 2007). Prioritization decisions in crises are complicated as they are path-dependent, exacerbated by logistics, local partnerships, funding, security concerns, and oftentimes, politics (Lee, 2017; Mena & Hilhorst, 2022; Weiss, 1999; Heyse, 2013). Recent research in exit strategy-related decision-making indicates that ethical decision-making should include and engage all relevant stakeholders, local and international, in a transparent process where rationales are articulated and justified (Pal et al., 2019). On rare occasions, decisions are

made as a compromise between restricted operations or no operations at all (Slim, 2015). On an organizational level, local group dynamics and interpersonal relationships have also influenced the decision-making process (Heyse, 2013). Beyond these semi-constructed philosophies, little research exists to indicate the processes that organizations use to determine prioritization.

The ICRC and MSF take on an undeniably large share of global humanitarian aid, and the way that they operate heavily influences the standard by which humanitarian aid is completed. A thorough and systematic review of the literature, on humanitarian aid specifically regarding prioritization reveals a clear line of inquiry *what role do the ethics codes of humanitarian aid organizations play in determining prioritization?* To answer this question, a realist evaluation is used to investigate the implementations of these ethical codes, in the contexts of prioritization, under different humanitarian interventions through case studies.

Methodology

Literature Selection

The research question *"How do humanitarian aid organizations (e.g., IRC and MSF) articulate justifications for prioritization?"* was formulated through the SPICE (Setting, Perspective, Intervention, Comparison, Evaluation) as visualized in Table 1. The framework is adapted to the social sciences in that it splits what is usually considered a 'population' into a setting and perspective (Booth, 2006). This helped identify specific interventions that are emergencies.

1. Table 1 – SPICE Research Framework

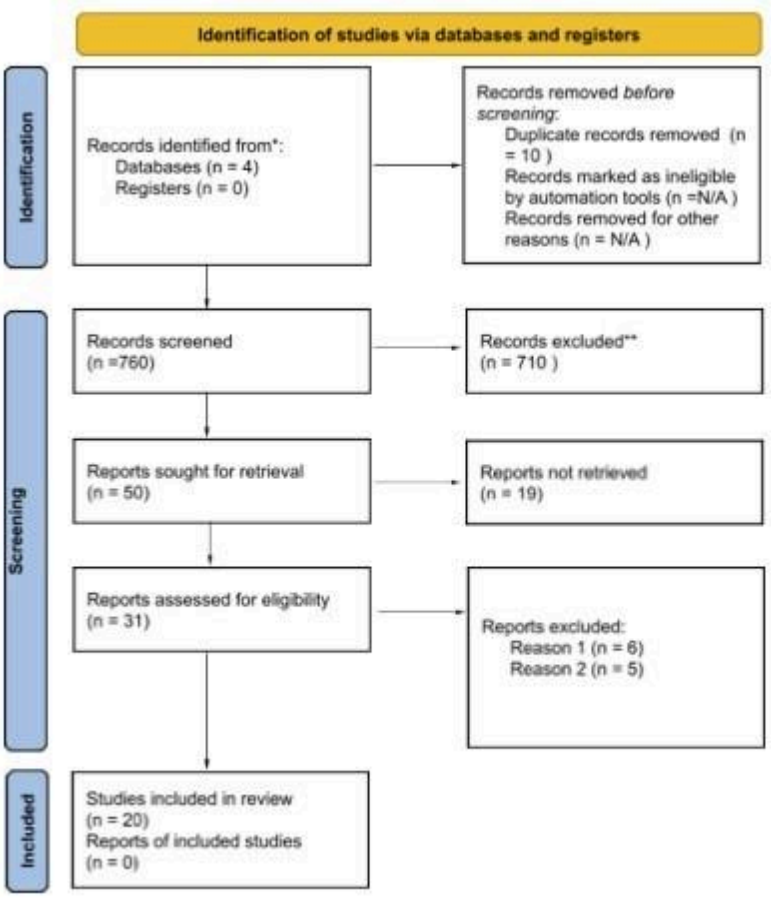
Setting	Humanitarian aid Organization

Perspective	Emergency Interventions
Intervention/Interest	Prioritization
Comparison	Multiple Case Studies
Evaluation	Asses Prioritization Rationalization

Four research databases were explored. The first was PubMed, a primarily biomedical and life science research journal database. The purpose of utilizing PubMed was to identify literature from a medical perspective specifically in the case of prioritization and triaging. The second was the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), a database that seeks to collect and archive research to improve humanitarian action. The final two, Scopus and Scholars Journal are interdisciplinary databases that were used to cover any gaps not covered by ALNAP and PubMed. The following key terms were used to search across these databases with variation due to differences in terms recognized by the databases in: (Crisis Intervention OR Humanitarian Aid OR Disaster Planning) AND (Health Priorities OR Resource Allocation) AND (Emergency Services OR Disaster Medicine OR Emergency Responders) AND (Decision Making OR Ethical Decision Making). After four exclusion stages, in the final stage, six articles were removed as they were guidelines and suggestions as to how prioritization internally should be managed after an intervention is launched, which is outside the scope of this thesis. Five others were removed for lack of relevance and for being outside of the scope of the research question, which is visualized in Diagram 2. One article was added to the literature review that was not yielded in the search strategy; Fiona Terry's 2011 paper on the work of the ICRC in Afghanistan. This article was not identified in the search strategy as it does not discuss emergency disaster planning or decision-making, however, it was heavily cited across papers yielded by the search strategy. Many of the articles yielded by the search strategy cited the 2011 paper as a prominent occasion in which one of the

fundamental principles was called into question, which compromises its validity as a factor in decision-making. Due to the article's prominence in the field, as well as its relevance to the research question, that the fundamental principles and ethics codes of organizations determine prioritization processes, it was added to the literature review.

2. PRISMA Flow Diagram



Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372: n71. doi: 10.1136/bmj. n71

Case Study Selection

To examine the justifications used for prioritization under different contexts, and across different implementations, this research utilizes a case study approach, examining three different cases. As the goal of a case study approach is to generate an in-depth understanding of a situation, this research supported this goal by diversifying data collection

methods, including using AI, organizational archives, and global news releases (Priya, 2021). The case selection was associated with different multimedia sources that collectively alleviate bias and support data collection. The ability to choose from a wide breadth of data sources is an important asset provided by the case study methodology. While case studies can be employed for different goals in research, this research is exploratory and is looking to understand the phenomenon that is "prioritization" to explain why, and how certain conditions can affect the urgency in which a crisis is approached.

To isolate a sample for case study methodology research that is representative of the circumstances of a research question that aims to evaluate, random sampling is not effective (Collier, 2008). This is because random sampling does not guarantee the selection of cases that would be representative of a phenomenon, in this case, of the different types of humanitarian interventions. The non-random sampling methodology that best suits the needs of this research is a diverse-case method (Seawright & Gerring, 2008), which selects one case from each category. The categories applied here are derived directly from the MSF website outlines the three varieties of emergencies they respond to conflict, climate disaster, and epidemics (MSF Website). Further criteria that were used to narrow down what cases were chosen within these categories included the amount of publicly available data, the more publicly available data about a case study, the better the chances of identifying decision-making significance in the data. Another criterion was whether that data was considered reliable. The data examined will describe humanitarian interventions during political, climate, or public health instability, and while there may be a myriad of sources reporting on these interventions, not all are considered reliable. Finally, case studies where humanitarian aid organizations, primarily the MSF or ICRC who provide medical aid, are, leading, or, providing, the majority, of the emergency humanitarian aid. The three studies that most adequately fit the criteria were: the Syrian Civil War (2011-ongoing) for the conflict

category, Cyclone Idai (2019) for the climate disaster, and finally the Ebola Virus Outbreak in West Africa (2014-2016) for the epidemic. The timelines were limited to up to the first year of each crisis (less for Cyclone Idai), since some of these were protracted missions, the assumption was made that if prioritization indicators were present, they would be identifiable within the first year.

Realist Evaluation

Realist methodology is rooted in the understanding that traditional experimental evaluations are flawed as any attempt to isolate an intervention to a set of variables and control group strips the intervention of its context (Pawson & Tilley, 1997). Thus, the configuration in a realist model is Context + Mechanism = Outcome (C+M=O) (Pawson & Tilley, 1997). This is presented in this study through timelines, where significant dates as well as the overall timeline of humanitarian aid are brought together and visualized in one table. To create these timelines, AI (ChatGPT) was used, it was prompted through the questions; *Can you produce a detailed timeline with all the international headlines of the very first year of the Syrian Civil War? Can you incorporate all humanitarian aid involvement? Can you produce a detailed timeline with all the international headlines for Cyclone Idai? Can you incorporate all humanitarian aid involvement? Can you produce a detailed timeline with all the international headlines of the very first year of the Ebola Outbreak in West Africa in 2014? Can you incorporate all humanitarian aid involvement?* The timelines were then manually validated by the researcher, by identifying a corresponding citation through a Google search for every date and heading provided by ChatGPT.

A systematic range of comparisons is run across a series of studies to discern which combination of context and mechanisms is most effective for who and why (Duddy & Wong, 2023). This study explores this through the three case studies; by comparing them to each

other. By analyzing the available context (the conflict, climate, or health disaster) and the mechanism (the timeline of the humanitarian intervention) (Wong et al., 2016; Pawson & Tilley, 1997), a thematic analysis of what factors contribute to determining prioritization emerges, which represent the outcome, which is visualized in Table 3.

3. Context and Mechanism Table

Context	Conflict, Climate, or Health Disaster
Mechanism	Humanitarian Intervention
Outcomes	Cross-Analysis of Case Studies

As the research question is framed to anticipate that the outcomes of interventions are dependent on the Fundamental Principles and context, the realist approach allows us to investigate "how, why, for whom and to what extent and in what context" an intervention will work and has proven especially effective in medical and health research (Wong et al., 2016). While this is not a traditional application of realist methodology, which usually assesses a program, this study explores how prioritization is determined by assessing the diverse ways the interventions are applied. This research is an interpretive approach to primary research supported by evidence from secondary data primarily from the records and materials of the organizations on the ground during these interventions. The use of this qualitative evidence in realist methodology supports the researcher's ability to capture changes in the implementation of interventions (Moore et al., 2015).

In the following sections, context is represented by a breakdown of the socio-political climate, including all of the significant dates in each crisis, such as when the Guinean Ministry of Health declared a health emergency, or when international journalists were killed in Syria. The mechanism is represented by a description of all of the humanitarian activity, such as when aid missions began, when they were expanded, and when they scaled down.

The timelines combine these two to visualize the chronological order of these events and put into perspective how they correspond to each other. The results of this formula, or the outcomes, reveal the presence and absence of the Fundamental Principles, as well as other external factors that affect prioritization.

Results

Case Study 1: The Syrian Civil War (2011-Ongoing)

Context

Protests in Syria's Daraa city first erupted over the arrest of a group of teenage boys accused of spraying anti-government graffiti on school walls. The students had graffitied in support of the "Arab Spring" a revolutionary democratic movement that had started in the surrounding countries of Egypt and Tunisia (Al Jazeera, April 2018). Protests began on March 15th in Damascus, and on March 18th, security forces opened fire on protestors in Daraa as protests continued to escalate, as did violent state-led suppression (The Associated Press, 2021). In June, President Obama called for President Bashar Al Assad to step down and alongside the European Union imposed sanctions against him and his government (Philips, 2011). By the end of the month, 10,000 refugees had escaped to nearby nations such as Egypt, Turkey, and Jordan (UNHCR Global Report, 2011, Syrian Arab Republic). In July, members of the military that had defected announced the formation of the Free Syrian Army, and their intentions to overthrow Bashar Al Assad's government (Al Jazeera, March 2023). Later that month, President Barack Obama said that the use of chemical weapons by Bashar's government would warrant foreign intervention (The Associated Press, 2021). As protests continued to rage on, and reports of imprisonment and death continued to rise, the Bashar government continued to oppose external intervention, which extended to humanitarian organizations seeking access to several parts of Syria. Bashar warned in October that foreign intervention would cause Syria to become "another Afghanistan" This coincided with discussions in the Arab League around humanitarian initiatives (France 24, 2011). King

Abdullah became the first Arab leader to join the call for Bashar's resignation in November, which prompted the Arab League to impose sanctions on Syria (BBC, 2011). The call for a ceasefire officially began in the new year, but Russia and China vetoed a resolution to call for Bashar's resignation in the Security Council in February (France 24, 2012). Soon after, journalists Marie Colvin and Remi Ochlik were killed trying to bring attention to the humanitarian crisis in Homs (Nordland and Cowell, 2012). In March, a conference is held in Berlin, with representatives of 50 countries, to discuss Syria's future economy (DW, 2012). By the end of the month, Syria had agreed to begin to implement a long-term peace plan by the UN-Arab League special envoy to Syria Kofi Annan on behalf of the UN (Al Jazeera, March 2012).

Mechanism

Humanitarian organizations began voicing concern about civilian casualties and civilian displacement in April of 2011 (Human Rights Watch, 2011), over a month after the initial protests against Al-Assad's government began. By May, the ICRC started what would become a persistent call for extended access, across the most dangerous and affected places in Syria (ICRC, 2011). As the conflict continued to escalate, other organizations joined the call to pressure the Syrian government to provide corridors of humanitarian access as the first waves of what would become mass displacement fleeing from the region (Chulov, 2011). In the following month, the number of casualties and refugees began to rapidly rise, in tandem with arrests at protests, which caused the ICRC to extend requests for access beyond the battlefields and into prisons (ICRC, 2011). Official statements by world leaders cited specifically the need for the ICRC to have unlimited access to regions across the country (The White House, Office of the Press Secretary, 2011; UK Department of International Development, 2011). This led to multiple consecutive visits by ICRC's President at the time, Jakob Kellenberger, to negotiate with representatives of the Syrian government to increase

ICRC's access across the country and in prisons (ICRC, 2011). While ICRC reports that the conflict continued to escalate in the following months, reports indicated increased access in the aftermath of the president's visits (Reuters, 2011).

In the following months, medical staff, and volunteers from the Syrian Arab Red Cross (SARC) were attacked and injured while transporting and caring for patients (ICRC, 2011). This coincided with another round of visits by President Kellenberger, this time meeting with President Bashar Al Assad himself, to secure verbal commitment to increased and consistent access for SARC and the ICRC (ICRC, 2011). In the following months, as reports out of Syria continued to be concerning, and in the face of the Syrian government's lack of cooperation, the Arab League sent a delegation of observers to Syria alongside formally imposing sanctions (France 24, 2011). In December 2011, news outlets reported that the ICRC considered the situation on the ground as dire, but "not a civil war" (Nebehay, 2011). Within two months, the ICRC joined several organizations in advocating for a ceasefire, after two Western journalists were killed by shelling (Nordland & Cowell, 2011). At the one-year mark, the Red Cross still faced inconsistencies with access but had once again received word of commitment from Assad that his government would cooperate (DW, 2012). Syria agreed to permit the UN-Arab League Special Envoy to Syria, Kofi Annan to implement a six-point peace plan, but aid workers on the ground still reported limited access (Al Jazeera, 2012).

4. Timeline of Case Study 1 The Syrian Civil War (2011-Ongoing)

2011

March 2011

- **March 15, 2011**: Inspired by the Arab Spring, peaceful protests began in **Damascus and Daraa** against President Bashar al-Assad's government, demanding political freedoms.
- **March 18, 2011**: Security forces fire on protesters in Daraa, resulting in deaths that fuel further demonstrations across the country.

April 2011

- **April 22, 2011**: Security forces kill over 100 protesters across Syria on "Great Friday," marking a significant escalation in the government crackdown.
- **April 25, 2011**: Syrian forces begin a major military operation in Daraa. Thousands of residents are displaced. Humanitarian groups have started to voice concerns over civilian casualties and potential displacement.

May 2011

- **May 3, 2011:** The International Committee of the Red Cross (ICRC) deplores the loss of life and injuries that have occurred in violent incidents in Syria since mid-March. It asks for immediate and unimpeded access to those in need **- Press Release.**
- **May 6, 2011**: The **International Committee of the Red Cross (ICRC)** urges the Syrian government to allow humanitarian access, specifically to areas like Daraa, where the government has imposed a blockade - **Press Release**
- **May 10, 2011**: The **UN Office for the Coordination of Humanitarian Affairs (OCHA)** calls for urgent access to affected cities, voicing concerns over reports of casualties and limited access to food and medical aid.

June 2011

- **June 6, 2011**: Government forces intensify their crackdown in Jisr al-Shughour, resulting in casualties and leading to the first wave of **refugees** fleeing to **Turkey**.
- **June 10, 2011:** The International Committee of the Red Cross (ICRC) strongly deplores the loss of life and injuries that have resulted from the ongoing violence in Syria and asks for immediate access to all those affected, including people arrested or detained **- Press Release**
- **June 11, 2011:** Statement by Press Secretary of the USA on Syria & International Development Secretary of the UK on Syria
- **June 19, 2011:** ICRC President Visits Damascus: Jakob Kellenberger, president of the International Committee of the Red Cross (ICRC), will arrive in Damascus tonight for a two-day visit during which he will hold talks with the Syrian prime minister, Adel Safar, and the Syrian minister of foreign affairs and expatriates, Walid Muallem. **- Press Release,** report by Al Jazeera
- **June 21, 2011:** Authorities grant enhanced access: The president of the International Committee of the Red Cross (ICRC), Jakob Kellenberger, has concluded talks with Prime Minister Adel Safar and Foreign Minister Walid Muallem in Damascus. **- Press Release**
- **June 2011**: The **UN High Commissioner for Refugees (UNHCR)** reports that approximately 10,000 Syrians have fled to **Turkey** and **Lebanon**, raising alarms about potential further displacement.

July 2011

- **July 8, 2011:** ICRC has wider access in Syria, Reuters reports.
- **July 31, 2011**: Security forces kill hundreds in **Hama** during an assault on protesters. Media blockades prevent detailed reporting, but humanitarian agencies report growing needs for medical aid in besieged areas.

August 2011

- **August 11, 2011**: President Obama, joined by European leaders, calls for Assad to step down. The EU imposes an oil embargo on Syria, pressuring the Assad regime economically. The **United Nations** warns of escalating violence and humanitarian consequences, especially with reports of torture and human rights abuses.

September 2011

- **September 3, 2011**: ICRC President returns to Syria **-** Jakob Kellenberger, the president of the International Committee of the Red Cross (ICRC), will arrive in Damascus later today for a two-day visit during which he will hold talks with the Syrian president, Bashar al-Assad, the prime minister, Adel Safar, and the minister of foreign affairs and expatriates, Walid Muallem - Press Release
- **September 4, 2011:** VOA Reports, Syria Grants Red Cross Access to Prison - The president of the International Committee of the Red Cross (ICRC), Jakob Kellenberger, concluded his visit to Syria by holding talks this morning with Syrian President Bashar al-Assad. The meeting came as ICRC delegates started visiting the Damascus Central Prison, in the suburb of Adra - Press Release.
- **September 5, 2011:** ICRC President Concludes Visit by Holding Talks with Syrian President **- Press Release**
- **September 8, 2011:** Syria: Three Red Cross Volunteers Wounded, Wednesday at 10:30 p.m., a team of volunteers from the Syrian Arab Red Crescent was taking an injured person to a hospital in the Al-Hamdiyah neighborhood of Homs when a total of 31 bullets struck their ambulance. Three young first-aiders were injured, one of them seriously. - **Press Release**
- **September 16:** ICRC Condemns Lack of Respect for Medical Services; The International Committee of the Red Cross (ICRC) condemns the lack of respect for life-saving medical services in Syria. - **Press Release**

October 2011

- **October 2, 2011**: The **Arab League** begins discussing humanitarian initiatives for Syria, but the Assad government opposes external intervention.
- **October 28, 2011**: The UN confirms over **3,000 deaths** in Syria, calling for international humanitarian support. Aid organizations report severe shortages in food and medical supplies in areas like Homs and Hama.

November 2011

- **November 16, 2011**: King Abdullah of Jordan becomes the first Arab leader to call for Assad's resignation, signaling a shift in regional politics.
- **November 27, 2011**: The Arab League imposes sanctions on Syria and proposes an observer mission. The **UNHCR** and other agencies see this as an opportunity to negotiate humanitarian access alongside observers.
- **November 30, 2011**: **ICRC** and **UNICEF** announce coordinated plans to provide aid to **displaced families**, contingent on government approval, particularly in heavily impacted regions like Homs.

December 2011

- **December 9, 2011:** Reuters reports that ICRC finds the situation in Syria

serious but does not yet consider it a civil war
- **December 19, 2011**: Syria allows Arab League observers, aiming to monitor violence and facilitate potential aid routes. Despite this, aid access remains restricted, with **ICRC** reporting difficulties reaching besieged communities.

2012

January 2012
- **January 12, 2012:** Arab League official attacks Syria mission as Farce - officials refer to it as a "humanitarian disaster" reports Guardian.
- **January 14, 2012**: Escalating violence in **Homs** spurs the **UN** to call for ceasefires to allow safe delivery of aid. Meanwhile, Syria faces international pressure to allow broader humanitarian operations.

February 2012
- **February 4, 2012**: Russia and China veto a UN Security Council resolution calling for Assad's resignation. This setback limits international efforts to formally deliver humanitarian aid, though **UNICEF** and **UNHCR** appeal for alternative aid pathways.
- **February 20, 2012:** Red Cross Seeks Syria Ceasefire **-** The Red Cross has said it is seeking a ceasefire between Syria's ruling regime and rebels, as the humanitarian crisis deepens. Meanwhile, there were mixed messages about any change in stance for China and Russia.
- **February 22, 2012**: Journalists Marie Colvin and Rémi Ochlik are killed while reporting from Homs, bringing international attention to the city's humanitarian crisis.
- **February 24, 2012**: The **Syrian Arab Red Crescent** secures limited access to Homs and distributes essential supplies, though Syrian authorities heavily monitor operations.

March 2012
- **March 1, 2012:** Aid Convoy Blocked from Bab Amr, Red Cross Says
- **March 2, 2012:** ICRC reports that the Syrian Authority will Allow them in Homs
- **March 4, 2012:** The Red Cross Denied Entry to Bab Amr for the Second Day & Aid Teams Denied Access to Homs
- **March 9, 2012:** Representatives of 50 countries are meeting in Berlin to discuss Syria's future economy after warfare ends in Syria. In Damascus, a top Red Cross official got President Assad's word that he would cooperate with the ICRC.
- **March 12, 2012**: Former UN Secretary-General **Kofi Annan** is appointed as the UN-Arab League special envoy to Syria. His six-point peace plan includes provisions for humanitarian aid, though violence persists, restricting aid deliveries.
- **March 26, 2012**: Syria agrees to Annan's peace plan in principle, but ground reports indicate that humanitarian access remains limited, and aid efforts are hampered by continued fighting.

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Case Study 2: Cyclone Idai (2019)

Context

Cyclone Idai made landfall officially on March 15th, but weather conditions deteriorated, and floods escalated due to consistent rainfall (National Geographic, 2019). By March 19th, Cyclone Idai made its official landfall in Mozambique, Zimbabwe, and Malawi, and the UN had begun to refer to the natural disaster as possibly the worst ever to strike the southern hemisphere (Maclean, 2019). The World Food Programme estimated that 1.7 million people would be affected in Mozambique alone, and an additional million would be jeopardized in Malawi and Zimbabwe (*Cyclone Idai*, 2019). The damage was most extensive in the port city of Beria, where 90% of the town was submerged, electricity and telephone connections were lost for several days, and 500,000 people were displaced (*Al Jazeera*, March 2019.) The President of Mozambique announced a three-day national period of mourning and a national state of emergency (Maclean, 2019). Equally as troubled, the cities in the districts of Chimanimani, Chipinge, Nyanga, and Mutare of the Manicaland Province, struggled to manage recovery efforts, given the continuing weather difficulties hindering air rescue (The Herald, 2020). On the 18th, Mozambique announced its death total officially at 1,000, in neighboring Malawi, it was 56, and in Zimbabwe, the official number was 98 deaths (*France 24,* 2019). On March 22nd, the World Food Programme declared Mozambique one of its highest-level emergencies and reported that the designation would accelerate the massive operational scale of the mission to assist a larger number of victims (WFP USA, March 2019). Around this time, water-borne disease also began to emerge as a secondary concern of the disaster, and the IFRC tripled its 10-million-dollar budget (UN News, 25 March 2019). The United Nations Humanitarian Air Service (UNHAS) airdropped inter-emergency kits, while the WFP supported rapid assessments locating trapped survivors, specifically in Mozambique (Goldberg, 2019). Several days later, the United Nations

increased its appeal to $282 million, to account for an estimated 3 million people who needed aid in all three countries (VOA News, 2019). By the beginning of March, the cases of Cholera in Mozambique alone had risen above 1,400, with 7 confirmed deaths, and by the middle of June, the World Bank announced an initial aid package of $75 million (World Bank, 2019).

Mechanism

On March 12th, a little under a month after the Mozambique National Meteorological Institute's initial warnings of a potential cyclone, the IFRC reported that its emergency teams are on alert as Cyclone Idai looms (IFRC, 2019). On the 16th, after the cyclone had made its landfall, IFRC detailed the extensive damage that left towns completely inaccessible (IFRC, 2019). By the 19th, the MSF had begun reporting a "medical emergency" as water sources were contaminated by diseases like cholera and malaria (MSF, 2019). By the 22nd, the IFRC had begun a preliminary appeal for 10 million, which was tripled by the 24th (UN News, 2019). By the 25th, the IFRC and MSF had concurrently scaled up operations and mobile clinics had begun treating waterborne diseases (MSF, March 23, 2019). Over the next week, the United Nations increased its appeal to 282 million, (UN News, March 26, 2019) emergency teams were deployed on the ground in three different countries, and mass logistical support was deployed from Belgium (MSF, March 27, 2019). The World Bank announced an additional package of 75 million specifically to help Mozambique, Malawi, and Mozambique recover from cyclone destruction in June (Tropical Cyclone Idai Mozambique Situation Report 1, WHO, 2019).

5. Timeline of Cyclone Idai (2019)

February 2019: Early Warnings

- **February 27, 2019**: The Mozambique National Meteorological Institute issues early warnings of a potential tropical cyclone forming in the Indian Ocean, cautioning the public and disaster management authorities.
- **February 28, 2019**: Meteorological agencies in the region, including the **South**

African Weather Service and the **Malawi Meteorological Department**, begin tracking the developing storm, with projections of potential landfall in Mozambique and impacts across southern Africa.

March 2019: Cyclone Idai Intensifies and Landfall

March 4-11, 2019: Cyclone Formation and First Landfall

- **March 4, 2019**: A tropical depression forms near the coast of Mozambique and begins moving toward the country. It is named **Tropical Storm Idai** as it intensifies.
- **March 11, 2019**: **Idai** makes its first landfall near Beira, Mozambique as a tropical storm. Heavy rains cause immediate flooding in the city and surrounding areas. Over 60,000 people are affected by initial flooding, particularly in **Zambezia Province**.

March 14-15, 2019: Cyclone Idai Reaches Full Strength

- **March 12, 2019:** IFRC reports" Mozambique: Emergency teams on alert as "dangerous and powerful" Tropical Cyclone Idai looms"
- **March 14, 2019**: Idai rapidly intensifies into a Category 3 tropical cyclone. It reaches peak intensity with winds of 195 km/h (120 mph) and begins moving westward toward the coast of Mozambique.
- **March 15, 2019**: **Cyclone Idai** makes its second, more devastating landfall near Beira, Mozambique. This landfall causes catastrophic damage, with widespread destruction to homes, infrastructure, and public facilities.
    - **Beira**, a city of over 500,000 people, is almost entirely submerged in floodwaters. The storm surges reach up to 4.4 meters (14 feet), further compounding the disaster.
    - Communication and power lines are knocked out, isolating Beira and surrounding areas from the rest of the country.

March 16-19, 2019: Widespread Destruction and Humanitarian Crisis

- **March 16, 2019**: Initial reports of devastation emerge. Roads, bridges, and schools are destroyed in **Mozambique**, leaving entire towns inaccessible. The **International Federation of Red Cross and Red Crescent Societies (IFRC)** calls the destruction "massive and horrifying."
- **March 17, 2019**: Heavy rainfall from Idai causes rivers to overflow in **Malawi** and **Zimbabwe**, affecting thousands. Major rivers such as the **Buzi** and **Pungwe** overflow, flooding vast areas.
    - In **Malawi**, the storm exacerbates already ongoing floods, which had displaced thousands even before Idai's landfall.
    - **Zimbabwe** faces severe flooding in the **Chimanimani and Chipinge districts**, with the government declaring a national disaster.

- **March 18, 2019: Growing Casualties and Desperation**

- **March 18, 2019**: IFRC reports "Mozambique cyclone: "90 percent" of Beira and surrounds damaged or destroyed" IFRC team that arrived yesterday was among the first to arrive in Beira since Idai made landfall on 14/15 March.
- **March 19, 2019**: Reports from aid workers indicate entire villages are submerged. **Médecins Sans Frontières (MSF)** describes a "medical emergency" as diseases like cholera and malaria begin spreading due to

contaminated water sources.

March 20-31, 2019: Humanitarian Response Grows

March 20-22, 2019: International Aid Mobilized

- **March 20, 2019**: **MSF** reports "Our teams are making their initial assessment but the needs in Beira are massive"
- **March 21, 2019**: The **International Red Cross** and local NGOs set up temporary shelters for displaced families.

March 23-25, 2019: Cholera Outbreak

- **March 22:** IFRC reports Mozambique: "Tens of thousands of families have lost everything" Governments and donors called on to support the IFRC and Mozambique Red Cross preliminary emergency appeal for 10 million Swiss francs.
    - World Food Programme Classifies Mozambique as Highest-Level Emergency
- **March 23, 2019**: A cholera outbreak is reported in Beira due to contaminated water. **UNICEF** and the **WHO** begin emergency vaccination campaigns and water purification efforts to prevent the outbreak from spreading further.
- **March 24, 2019**: IFRC appeal for around $10 million has been tripled after "we realized very, very quickly that this is not going to be anywhere near the scale and magnitude to make any difference", Aid groups warn that tens of thousands of people are still trapped in remote areas without access to clean water or food.
- **March 25, 2019**: The **IFRC** and **MSF** scale up their operations, setting up mobile clinics and deploying medical personnel to treat cases of cholera and other waterborne diseases.

March 26-31, 2019: International Funding and Relief Efforts

- **March 26, 2019**: The **United Nations** increases its appeal to **$282 million** for Mozambique, Malawi, and Zimbabwe, citing the scale of the humanitarian disaster. The UN estimates that over **3 million people** are affected across the three countries.
    - United Nations Humanitarian Air Service (UNHAS) is airdropping inter-agency emergency kits, including food (high-energy biscuits (HEBs) and micronutrient-rich peanut paste used to prevent and treat malnutrition) as well as tents, medicines, and other essentials for stranded communities outside Beira. WFP-funded drones are supporting rapid assessments with the National Institute for Disaster Management (INGC) and locating survivors trapped in the flooded areas in Sofala.
- **March 27, 2019:** Cyclone Idai & Malawi flooding MSF: We have emergency response teams on the ground in all three countries. In recent days, assessments have been carried out and we are now undertaking medical activities and responding to humanitarian needs, including providing non-medical items such as buckets and soap and ensuring safe water and sanitation. Teams in all the affected countries are mobilizing to provide medical and non-medical assistance. In our warehouse in Brussels, an enormous supply and logistics operation is underway, with tons of supplies being sent to the affected areas, particularly Mozambique.

    - **IFRC**: Mozambique: Red Cross races to stop new disaster following confirmation of first cholera cases
- **March 28, 2019:** MSF reports "Our teams are scaling up our activities to respond to the disease, seeing more than 100 suspected cases of cholera per day."
- **March 31, 2019**: Cholera cases in Mozambique rise above **1,400**, with seven confirmed deaths. Humanitarian organizations continue providing emergency assistance, but access to remote areas remains difficult due to ongoing flooding.

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Case Study 3: Ebola Virus Outbreak in West Africa (2014-2016)

Context

The Ebola Virus outbreak in Southern Guinea garnered a scaled response from MSF on the 22nd of March (MSF 2014). This was followed by a response from the World Health Organization, with initial reports indicating a minimum of 23 cases and 13 deaths (WHO, 2014). From January to March, the outbreak had already claimed 80 lives out of a total of 150 infected across Guinea (Yuhas, 2014). The outbreak was traced back to the Gueckedou prefecture in Guinea, a major regional trading center, which meant that by the end of the month, the virus had crossed into Liberia, and was confirmed in Sierra Leone in May (*BBC, 2016*). On March 30th, the European Union pledged half a million euros to fight the outbreak (Agence France-Presse in Conarky, 2014). Within the first week of April, MSF warned this was an outbreak, the magnitude of which it had not seen before (Yuhas, 2014). At the WHO's press conference in mid-April, they warned against travel or trade restrictions being applied to Guinea, Liberia, or Sierra Leone based on the information presented at the time (WHO, 2014). In June, as the disease had spread into Sierra Leone, the Director of Operations at the MSF, Dr. Bart Janssens warned that the epidemic would spread to even more countries unless a stronger international response was formulated (BBC, 2014). By the end of June, the WHO requested additional support from the Center for Disease Control and other partners, citing that the persistence of the outbreak necessitated higher-level regional and international coordination to end the outbreak (CDC, 2014). By July, the US issued a West Africa travel

warning, and by the end of August, a 490-million-dollar response plan had been launched by the WHO (VOA, 2014; Reardon, 2014). In September, because of cases appearing abroad, such as in the United States, a Security Council meeting referred to the outbreak as "a threat to world peace" (Associated Press at the UN, 2014). By December, a consistent decline in cases in Liberia was observed, but the virus continued elsewhere in the region. United Nations Volunteers pursued a campaign to boost the number of healthcare workers in the region (UNV, 2014), and the WHO announced that 20,000 reported cases and 8,000 deaths had marked the end of the first year of the crisis (N Engl J Med, 2015).

Mechanism

On March 22nd, MSF responded to a potential outbreak of 50 people with hemorrhagic fever in Southern Guinea with an emergency response team of 24 MSF doctors, nurses, logisticians, and hygiene and sanitation experts, after 29 deaths (MSF, March 22, 2014). On March 23rd, the Guinean Ministry of Health announced an outbreak of what they believed to be Ebola and reported 23 cases and 13 deaths (WHO, 2014). MSF continues to monitor and isolate cases in Guinea and the region, with their total staff growing to 30 members by the 24th, hoping to increase to 60 by the start of April (MSF, March 24, 2014). By April, the mission was categorized as an emergency intervention, and the team had grown to 52 members (MSF, April 3, 2014), by mid-April, the WHO called for containment measures in a press conference (WHO, April 2014). By the end of June, the CDC has deployed additional staff to Guinea and Sierra Leone to coordinate efforts to prevent virus transmission (CDC, June 27, 2014). Ebola continues to spread to urban and densely populated areas, and travel warnings are issued for the region. A 490-million-dollar response plan is launched by the WHO to combat the outbreak (WHO, August 28, 2014). By the end of 2014, the total death toll had exceeded 8,000 with 20,000 reported cases, after the United

Nations launched a campaign to recruit thousands of healthcare workers to assist in the efforts (UNV, 2014).

6. Timeline of Case Study 3: Ebola Virus Outbreak in West Africa (2014-2016)

March 2014

- **March 22, 2014:** An outbreak of Ebola hemorrhagic fever in southern Guinea has prompted the international medical organization Médecins Sans Frontières (MSF) to launch an emergency response. Twenty-four MSF doctors, nurses, logisticians, and hygiene and sanitation experts are already in the country, while additional staff will strengthen the team in the coming days.
- **March 23, 2014**: The Guinean Ministry of Health announces an outbreak of a disease resembling Ebola in the country's southeastern region. Initial reports indicate at least 23 cases and 13 deaths.
- **March 24 & 25, 2014:** MSF reports "priority of the teams on site is to identify patients with Ebola symptoms and isolate them, while providing high-quality care. In cooperation with the Ministry of Health, Médecins Sans Frontières (MSF) has created an isolation facility in Guéckédou and is setting up another in Macenta. Both towns are in the Forestière region of southern Guinea. Mobile teams are also evaluating the situation in Kissidougou and Nzérékoré and are monitoring bordering countries closely, particularly Sierra Leone and Liberia, where suspected cases have been reported." 30 staff members are already on the ground and more doctors, nurses, and sanitation specialists will be joining them in the coming days.
- **March 30, 2014**: The EU pledges 500,000 Euros to fight Ebola.
- **March 31, 2014**: Mobilisation against an unprecedented Ebola epidemic, MSF continues to strengthen its teams. By the end of the week, there will be around sixty international field workers who have experience in working on hemorrhagic fever divided between Conakry and the southeast of the country.

April 2014

- **April 1, 2014**: MSF has launched an emergency intervention and continues to reinforce its teams to respond to an outbreak of Ebola hemorrhagic fever in Guinea. 52 international staff are working alongside Guinean MSF staff and in cooperation with Guinea's Ministry of Health.
- **April 11, 2014**: Médecins Sans Frontières (MSF) resumed activities in a treatment center in Macenta, southeast Guinea after it was forced to suspend work late last week following protests by a section of the local population.
- **April 16, 2014**: The World Health Organization (WHO) holds a press conference on the outbreak, urging for urgent containment measures.

June 2014

- **June 2, 2014:** Médecins Sans Frontières (MSF) is continuing its work supporting health authorities in the two countries, treating patients and putting measures in place to contain the epidemic.
- **June 21, 2014:** MSF reports "Ebola in West Africa: Epidemic requires the massive deployment of resources" - MSF is currently the only aid organization

treating people affected by the virus.

- **June 24, 2014**: The first case of Ebola is reported in Sierra Leone, indicating further regional spread of the virus.
- **June 27, 2014**: CDC reports "World Health Organization, via the Global Outbreak Alert and Response Network, requested additional support from CDC and other partners, necessitating the deployment of additional staff members to Guinea and Sierra Leone to further coordinate efforts aimed at halting and preventing virus transmission.
-

July 2014

- **July 2, 2014**: The WHO declares the outbreak a public health emergency of international concern. Countries begin implementing travel restrictions and health screenings.
- **July 24, 2014**: The WHO reports over 1,000 cases, with the majority in Guinea and Liberia, and highlights the critical need for healthcare support.

August 2014

- **August 2, 2014**: The U.S. Centers for Disease Control and Prevention (CDC) issues a travel warning for West Africa.
- **August 8, 2014**: The WHO declares the Ebola outbreak a "Grade 3 emergency," the highest level of alert, due to the rapid increase in cases.
- **August 12, 2014**: The WHO reports over 2,200 cases and calls for global support, stating that the outbreak could spiral further without immediate intervention.
- **August 19, 2014**: The first case in Nigeria is confirmed, raising concerns about the outbreak spreading to densely populated urban areas.
- **August 22, 2014**: The WHO launches a $490 million response plan to combat the outbreak, emphasizing the need for rapid containment.

September 2014

- **September 18, 2014**: The United Nations Security Council holds an emergency meeting to address the Ebola outbreak, highlighting the need for coordinated international action.
- **September 18, 2014**: The WHO reports over 5,300 cases and 2,630 deaths, with a considerable number of healthcare workers affected.
- **September 24, 2014**: The CDC announces plans to send personnel to West Africa to assist with the outbreak response.

October 2014

- **October 6, 2014**: The first U.S. case of Ebola is diagnosed in Dallas, Texas, raising alarm about the potential for the disease to spread internationally.
- **October 16, 2014**: MSF has admitted more than 4,500 patients, among whom more than 2,700 were confirmed as having Ebola. Around 1,000 have survived.
- **October 25, 2014**: The WHO reports more than 10,000 cases of Ebola across West Africa, with deaths exceeding 5,000.

November 2014

- **November 24, 2014**: Liberia reports a decline in new cases, indicating that response efforts are beginning to take effect.

December 2014

- **December 3, 2014**: The United Nations launched a campaign to recruit thousands of healthcare workers to assist in the response efforts.
- **December 10, 2014**: The WHO states that the outbreak is stabilizing in some regions, but ongoing challenges remain in controlling the spread of the virus.
- **December 31, 2014**: The WHO announces more than 20,000 reported cases and over 8,000 deaths in the West Africa outbreak, marking the end of the first year of the crisis.

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Results

Outcomes

By reviewing the three case studies, cross-analysis indicates that three primary principles guide priority setting.

Humanity

Generally, all cases that the MSF or ICRC undertakes embody the fundamental principle of Humanity. All three case studies and countless other humanitarian interventions are based on the belief that suffering is present, the international community cannot be indifferent to it, and that the ICRC must intervene to protect humanitarian law, prevent disease, and "undertake life-saving activities", all of which apply to the fundamental principle of Humanity (The Fundamental Principles, ICRC). In the case of the Syrian Civil War, in its first press release regarding the conflict, the ICRC uses the language of the Humanity Principle to ask for unimpeded access. The head of the ICRC delegation in Damascus Marianne Gasser says, "It is urgent that emergency medical services, first-aid workers, and others performing life-saving tasks swiftly reach those in need," (Press Release, ICRC, 03-05-2011). In addition to this, the ICRC is responsible for the protection of humanitarian law, in December, the ICRC is quoted referencing the situation in Syria as "serious, but the country does not qualify as being involved in a civil war" while the ICRC mentioned this is not indicative of the gravity of the humanitarian situation, their assessment is echoed

worldwide by news outlets and governments alike (Nebehay, 2011). These assessments tend to be compounded in authority because the ICRC and MSF usually hold exclusive access to certain conflicts, as they did in Syria, making their testimonial the only reliable information for global actors. In the case of Cyclone Idai, the IFRC's first press release mentions that the IFRC is preparing a response plan in anticipation of the cyclone, as it predicts the cyclone could "pose an extreme risk to tens of thousands of people" (Press Release, IFRC, 12-03-19). Again, the language suggests the intervention is being formed and prepared to protect human life on a mass scale, also adhering to the language of Humanity, matched with the short timeline of the cyclone making landfall, the press release tries to indicate the imminent threat and its necessary prioritization. Finally, in the case of the Ebola Virus outbreak, the MSF quickly deployed a team for a suspected 49 cases of Ebola reported by the Ministry of Health in Southern Guinea (MSF, March 2014), to prevent disease, a primary component of the principle of Humanity.

Impartiality

The ICRC and MSF regularly embrace impartiality by attending to all cases without discrimination as named in the principle itself based on "nationality, race, religious beliefs, class or political opinions" specifying that priority should be provided to the most extreme of cases. Indeed, bringing these cases to the forefront of international concern to articulate them as priorities on the global stage is due to the principle of impartiality. It signals, regardless of location, population, or crisis, that help is needed rapidly. It is often the ICRC or MSF who are responsible for sounding the initial alarm about the gravity of a crisis and setting the tone for how others engage with it moving forward. In the case of the Syrian Civil War, a variety of human rights organizations called attention to the violent detainment of protests at the beginning of the war (HRW, 2011), but as the war continued, it was the authority of the ICRC that made this a priority on a global scale. In June of 2011, concurrently, official

representatives of the United States and the United Kingdom cited the need for the ICRC to retain unrestricted access to areas in Syria with a pressing need for medical aid. In the case of Cyclone Idai, the IFRC, in coordination with local contingents was among the first to launch preparedness for the cyclone (Press Release, IFRC, 12-03-19). The IFRC also were among the first to make assessments of the damage created by the cyclone, releasing 340,000 Swiss Francs from their emergency funds to immediately support needs on the ground (Press Release, IFRC, 16-03-2019). In the case of the Ebola Virus outbreak in West Africa, the MSF notably made multiple attempts to make Ebola a priority on the global stage, having assessed the potential scale of the outbreak ahead of even the WHO or local government in Southern Guinea. The MSF, one of the few organizations that had already retained experience with Ebola at the time, assessed that "the outbreak had been slumbering for months and was already present in more places than anybody was used to dealing with" and in its archives has noted that "MSF frantically rang the alarm bell, multiple times, but nobody seemed to listen" (Project Update, MSF, March 2024).

Neutrality

Neutrality, not taking sides or being regarded to doing so in speech or actions at any given time or place is meant to enable humanitarian aid organizations to reach people and maintain dialogue without interference in the conflict (The Fundamental Principles, ICRC). In the Syrian Civil War, the ICRC practiced stringent Neutrality to gain or maintain access, particularly in the first year of the crisis. The ICRC was the first organization to urge the Syrian government to provide humanitarian access to humanitarian organizations, as well as documented threats and injuries made to humanitarian staff (Press Release, ICRC, 08-09-2011; Press Release, ICRC, 16 Sep 2011). The ICRC repeatedly met with representatives of the Syrian government, as well as with President Bashar Al-Asad, to

successfully negotiate access to prisons, as well as "raise concerns about the humanitarian situation in Syria, and discussed rules governing the use of force" (VOA News, 2011).

Discussion

In attempting to understand what the ethical codes and principles were that informed prioritization, the C+M=O framework works to isolate the context from the mechanism to identify what specific circumstances create specific outcomes. In this study, this was done to identify what ethical codes and principles were those that informed or determined prioritization. The cross-analysis reveals, although not definitively, that humanitarian aid organizations articulate prioritization through their ethics codes and Fundamental Principles, specifically, the principles of Humanity, Impartiality, and Neutrality. However, whether this is made explicit or is stated implicitly, varies. This was noticeable in the case study on the Syrian Civil War, which uses language identical to that of the ICRC's description of the Humanity principle, used in the first press release. The ICRC refers to its need for access in Syria as being for "life-saving tasks" (Press Release, ICRC, 03-05-2011). The Humanity Principle in comparison is a description of the Movement's obligation to "protect life and health and ensure respect for every human being" specifically "undertaking life-saving activities" (The Fundamental Principles, ICRC). By comparing the language in the Principle to the language in the press release, it is made almost explicitly clear that the humanitarian intervention is being prioritized because it aligns with the ICRC's Principle of Humanity, which we can discern from the use of the language of the Principle in the press release. Comparatively, in the case study on Cyclone Idai, the IFRC says that it was preparing to deal with the possible ramifications of the cyclone because of the "extreme risk to tens of thousands of people" (Press Release, IFRC, 12-03-19). The principle of Humanity specifies that it seeks to "alleviate suffering wherever it may be found" (The Fundamental Principles, ICRC). The ICRC is calling for attention to the crisis to engage in work that falls under the

core ethical beliefs and responsibilities of the Humanity Principle, as well as using language that is synonymous in meaning (The Fundamental Principles, ICRC). So, while the intervention appears to adhere to the ethical codes of Humanity, it is not necessarily using the principle's shared language. Thus, humanitarian aid organizations articulate justifications for prioritizations through their ethical codes, although not explicitly.

By practicing the pertinent negative, a concept that finds its origins in medical diagnostics, we understand that expected outcomes that are not present, are just as important a diagnostic tool as what is present, as it helps us further eliminate alternatives, dialing into what outcomes truly represent, "like the adjustment knobs of a microscope, bring the diagnosis into focus." (Packer, 2019). In this study, by identifying the principles that are used in prioritization, as well as the principles that are not, we are left with other external factors, that are not Fundamental Principles, that may also affect prioritization. Having thus isolated the presence of Humanity, Impartiality, and Neutrality in the outcomes, it is notable to mention that these findings also lack the presence of the remaining principles, Independence, Voluntary Service, Unity, and Universality. These principles largely do not appear as they are likely not considered during the prioritization process, or are generally less influential than the other principles. If we understand, Humanity, Impartiality, and Neutrality to be the primary principles that affect how a crisis is prioritized, then the remaining principles, Independence, Voluntary Service, Unity, and Universality appear to be more indicative of how an intervention will be handled. Independence, the assurance that every branch of the movement is autonomous, Voluntary Service, the assurance that every branch of the movement has no motive other than the desire to help, and Universality, that every branch of the movement has equal responsibility to respond to crises. As evidenced by the presence of Humanity, Impartiality, and Neutrality at the forefront of almost all three of the case studies, these principles inform prioritization frequently and consistently. Based on these findings, as

well as the theory of the pertinent negative, evidence (or the lack thereof) points to the conclusion that other factors also determine prioritization.

It can therefore be surmised that the justifications for prioritization are partly through their ethical codes, as well as some external factors. As detailed by the literature review, prioritization in a crisis is often path-dependent and is made further complex by factors such as logistics, local partnerships, funding, security concerns, and even politics (Lee, 2017; Mena & Hilhorst, 2022; Weiss, 1999; Heyse, 2013). The case studies and cross-analysis in tangent indicate that the principles may play a significant role in articulating prioritization for humanitarian aid organizations but are not the only criteria from which prioritization is drawn. While the literature acknowledges that complex factors regarding the situation on the ground could affect prioritization decisions, the case studies reveal that advocacy, the concerted effort that humanitarian aid organizations put into bringing attention to a particular crisis, can also affect prioritization. The already present conversation regarding the effects of advocacy on prioritization is missing from the traditional list of principles. Advocacy is not a new feature of humanitarian aid, as the literature review briefly details the division between MSF and ICRC, one of the significant ethical crises of the humanitarian field, which revolves around the level at which a humanitarian organization should publicly advocate on behalf of its patients. MSF Canada's Website does promote advocacy as a tool to use through policy makers, donors, and agencies, in an attempt to "address some obstacles" (MSF Canada Website, 2024). The website also contains a blog and resources on advocacy, clearly indicating the rise of advocacy's prevalence and importance as a factor for informing humanitarian aid work. It is, however, not a principle. During the Ebola outbreak in West Africa, the MSF is repeatedly noted as having rung the alarm bells well in advance of both local governments and the WHO (MSF 2014). Consistent and persistent advocacy is what eventually led to the Ebola crisis being prioritized, even though it had arguably been

neglected locally and globally for months. In Syria, the ICRC for the entirety of the first year of the war, was one of the few organizations on the ground, able to detail the severity of the crisis. They remained consistent in reporting the escalating urgency of the situation but in contrast to the Ebola crisis, this was done without raising significant alarm. This is because, in the case of the Syrian Civil War, advocacy conflicted with the highly important principle of neutrality. The ICRC repeatedly acknowledged the severity of the humanitarian crisis but was limited by its desire to be able to return to Syria. While advocacy is yet to be formally recognized at the scale that the Fundamental Principles are, its presence in the humanitarian field, specifically in the areas of prioritization is present and and likely emerging.

By studying the outcomes of the C+M=O formula, we observe the principles of Humanity, Impartiality, and Neutrality at the forefront of prioritization ethics. These are three of seven Fundamental Principles, the remainder, Independence, Voluntary Service, Unity, and Universality, did not feature in the outcomes but potentially factor more seriously into missions while they are active. Further examining the outcomes through the lens of the pertinent negative, advocacy appears as an external factor to the Fundamental Principles potentially also informing prioritization. While it may bump into other principles, such as neutrality, advocacy's incumbent presence in the humanitarian space will need to be accounted for sooner rather than later.

Limitations

The data used to conduct the evaluation was comprised of official reports and press releases from organizations such as the ICRC, MSF, WHO, UN, and other official agencies. Data was also collected from official statements by governments in which the crisis was occurring, as well as official statements by world leaders or their offices about the crisis or aid being restricted. As a final measure, articles from a variety of news sources such as DW and AJ were used to validate or bolster these reports. While using a variety of different

sources does combat bias, only having access to publicly available data means that the intention behind decision-making processes in humanitarian organizations needs to be clarified. Publically available data only allows a vague picture to be built of the strategy being employed by humanitarian aid organizations as they make crucial prioritization decisions regarding humanitarian interventions. In the case study on Ebola, the MSF was vastly ahead of local governments and the WHO in scaling up their operations as they began prioritizing what would become a massive Ebola outbreak. This indicates that the MSF had been monitoring the situation as it emerged, but launching a mission indicates it has been prioritized. From publicly accessible data, it cannot be determined what factors or principles shifted the status of the Ebola crisis from monitored to prioritized. While we can surmise the presence of ethical codes in certain interventions, it is much more difficult to identify what other factors could have aided in making that prioritization decision. These factors could include things such as capacity, whether or not an organization felt qualified to approach a crisis, funding, or resource allocation issues, as was revealed in the literature review.

The case studies utilized represented a conflict, a climate disaster, and an epidemic, which sought to represent the different humanitarian disasters that humanitarian aid organizations such as the ICRC and MSF respond to. The evaluation isolated them to attempt to understand how the principles may apply differently in these different circumstances. In reality, as crises evolve in complexity they may not be isolated to just one category. In the case study on Cyclone Idai, what began as a climate disaster developed into a potential health outbreak when Cholera broke out due to water contamination. A recent illegal mining crisis in Brazil is a climate risk and has "destroyed forests, polluted rivers, and brought disease and malnutrition to the Yanomami people" (Watts and Bedenelli, 2023). After the re-election of President Lula, the government announced a mega operation to clear unwilling miners with the help of "armed police and environmental agents, backed by the army" sparking potential

for political unrest (Watts and Bedenelli, 2023). Although it initially sparked controversy for its devastating effects on the climate in the Brazilian Amazon, it has evolved into a humanitarian health crisis, with 92% of residents in one Yanomami village reporting unsafe levels of mercury in their blood (Watts and Bedenelli, 2023). A case such as this has the potential to be a conflict, a climate disaster, an epidemic, or more significantly, more than one at once. As the case studies were conducted on the three different categories of disaster in isolation, there is no way of discerning if one type of disaster takes priority over the other, or if a combination of different types of disasters (e.g. conflict and climate) can change how prioritization is effected.

Implications & Recommendations

As established in the introduction, prioritization is emerging as an urgent issue in humanitarian aid (Slim, 2024). The literature review itself carries likely one of the most significant findings of this research, which is that priortization is underresearched, and will be needed increasingly in the next several years. As humanitarian aid organizations begin to feel the pressure of making prioritization decisions frequently and consistently, it is important to revisit previous and existing prioritization decisions to make improvements in this process. The insights drawn from this research are particularly valuable for their ability to shed light on understanding what influences prioritization and to what extent. Humanitarian aid organizations are assumingly aware of the presence of ethical codes and principles in the prioritization process, but possibly not which principles come to the forefront, and exactly how influential they are. As we approach a time when these decisions will be extremely contentious, it will also be important to understand further how these decisions are perceived externally. Organizations such as the MSF and ICRC are entirely dependent on funding, in the MSF's case, on funding from independent donors, their perception of these decisions can

have ramifications on how much funding they receive, with funding shortages already a problem for most organizations (Norwegian Refugee Council, 2024).

Realist evaluations are traditionally used to evaluate programs but were adapted in this study to evaluate a process. The realist methodology provides the ability to identify underlying causes, in an attempt to explain how outcomes may be different according to contexts, believing fundamentally that context cannot be separated from the outcomes of a study, and instead should be factored in (Pawson & Tilley, 1997). In this research, the study broke down the context of a case study and attempted to evaluate the mechanism, or the humanitarian intervention, to understand the circumstances that inform prioritization. Further adaptations made to this methodology can create pathways to evaluating other programs, interventions, or processes more concretely. While this methodology has always been popular for mixed method quantitative and qualitative data, its utility in this study indicates that it can be adapted for more qualitative studies as well.

Conclusion

Humanitarian aid organizations are undoubtedly aware of difficult conversations regarding prioritization nearing with every new protracted crisis, resource fluctuation, or cut in funding. The need for a priority mechanism will increase with time, and delaying exploring prioritizations further puts organizations at risk of being underprepared across humanitarian interventions in the future. To understand what would become needed in this prioritization mechanism, this study asked the question "How do humanitarian aid organizations (e.g., IRC and MSF) articulate justifications for prioritization?" The literature review for this thesis revealed that humanitarian aid organizations likely use the ethical codes and principles of their organizations, leading to a secondary question "What role do the ethics codes of humanitarian aid organizations play in determining prioritization?" To answer this question, a modified realist evaluation methodology and case studies were utilized, employing the

formula Context + Methodology = Outcome (C+M=O). The case studies were chosen based on the three humanitarian disasters that organizations respond to, the Syrian Civil War (2011-ongoing) for the conflict category, Cyclone Idai (2019) for the climate disaster, and finally the Ebola Virus Outbreak in West Africa (2014-2016), as well as other criteria. In these case studies, a historical background represented the Context, the launch of the humanitarian intervention was represented by the Mechanism, and the cross-analysis of those represented the Outcomes. This was visualized through timelines that were created with the support of Chat GPT, which were manually validated by the researcher. These timelines brought together the context and mechanism so that it can be made clear how they interact.

The cross-analysis identified the prevalence of three Fundamental Principles in these case studies, Humanity, Impartiality, and Neutrality. The theoretical grounding that was used in the discussion was the theory of the pertinent negative, which dictates that the absence of expected results is as important as their presence, as it helps us narrow down the remaining outcomes by eliminating alternatives. The remaining Fundamental Principles, Independence, Voluntary Service, Unity, and Universality, do not feature as heavily, although theoretically apply more to a mission while it is active, alongside the other principles. Through the pertinent negative, the identification of the presence of some principles and the absence of others, we are left with external factors that have also affected prioritization. The most prominent of which, was Advocacy, when humanitarian organizations advocate for the prioritization of a cause through publicly raising awareness about its importance. While not a principle, the presence of Advocacy in the prioritization is emerging consistently. The limitations of this study are primarily that the data used to build this analysis was created entirely from publicly available sources, such as reports from the ICRC, MSF or other agencies, government reports, and news articles. This means that it is difficult to identify the frameworks and intentions that organizations were operating under, limiting the breadth of

the data. In addition, the case studies isolated the three types of disasters, conflict, climate, and epidemic, in the future, as more complex disasters begin to emerge, likely, they will not be isolated to just one of these categories, and the compound effect of having more than one at a time could potentially affect prioritization. The adaptations made to the realist evaluation methodology in this study open the door to using realist evaluations in more qualitative studies.

Humanitarian aid organizations may be aware of the influence of their ethical codes and principles in their general decision-making processes and specifically in prioritization. They may be unaware, however, to what extent these principles are influential, and what other external factors are newly also affecting prioritization, such as Advocacy. In the future, as organizations become more dependent on this mechanism, it could be important for organizations to be more transparent in their prioritization reasoning, especially those that are dependent on individual donors for their funding.

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