DETRIMENTAL IMPACTS: HOW COUNTER-TERROR MEASURES IMPEDE HUMANITARIAN ACTION

A Review of Available Evidence
Detrimental Impacts: How Counter-Terror Measures Impede Humanitarian Action

For more than twenty years, the United Nations Security Council, regional organizations and Member States have adopted measures to prevent resources from being made available to groups considered ‘terrorist’, or from contributing to the pursuit of terrorist purposes. This has translated into a complex web of restrictive measures, policies, and practices that a range of actors (including private actors, State agencies in charge of international assistance, and humanitarian organizations) must navigate when conducting operations where terrorist groups are present or where there is a potential risk of diversion. The legitimacy of the objective is not questioned, but the broad scope and zero-tolerance policies States adopt in the implementation of counter-terror (CT) measures increasingly restricts aid organizations’ ability to deliver impartial, life-saving assistance. This is especially the case in areas where designated terrorist groups (DTGs) are present and life-saving needs are acute – for example in Syria, Nigeria, or Yemen. Whether unintended or not, CT measures create real barriers and consequences for humanitarian action, including:

- Civil and criminal penalties incurred by aid workers/organizations for carrying out impartial humanitarian activities;
- Donor conditionality and/or host State policies limiting humanitarian assistance in areas where designated terrorist groups are present;
- Suspended contracts with partners found in violation of donor agreement language;
- Curtailed services to humanitarian organizations by banks and private sector companies in an effort to comply with sanctions regimes and mitigate all risk to their institutions (i.e. bank de-risking).

States regularly call on humanitarian organizations to provide evidence of how CT policies impede humanitarian action and express their willingness to work towards practical solutions. Researchers have endeavored to describe and track the tensions and dilemmas present as CT measures and humanitarian action interact, but efforts at the political level to prevent and address the harmful consequences to humanitarian work are largely only undertaken on a case-by-case basis, if at all.

Considerable evidence and research have already been produced, but it remained scattered across the public domain. To address this gap, InterAction undertook a review to catalogue and make accessible relevant sources that capture CT impacts on humanitarian activities. As a result, InterAction established the **Counter-Terrorism & Humanitarian Action Resource Library**, an open-source platform that catalogues more than 50 sources, arranged by both geography and key themes. The resource library also includes two critical tools:

1. **Impact Catalogue**: a collection of identified impacts on humanitarian action derived from CT impediments found in the existing literature. Impacts are intentionally grouped into five categories (operational, financial, security, legal and reputational), as defined in the accompanying [terms and definitions sheet](#).

2. **Recommendations Catalogue**: a consolidated list of recommendations and solutions posed to States, donors, UN entities, multilateral agencies, banks, and financial institutions over nearly 20 years.
A review of secondary sources cannot detail or quantify the full scope of existing impacts – it can only summarize what we can and cannot know based on existing literature. However, the review clearly demonstrates the serious impact CT policies have posed to humanitarian work, affecting operations, financing, legal standing, reputations, and physical security of frontline teams. Lastly, though progress has been made in understanding these issues, especially in the last few years, the review identified several inconsistencies in how the problem set is defined and framed. Primarily, terms and definitions are uneven, with a variety of descriptors used to catalogue similar phenomena. No shared conceptual framework exists to harmonize terminology or build a common understanding of the reaction chain that connects the CT originator with the corresponding impediment and resulting impacts created. In conducting the review, InterAction developed a set of definitions to harmonize language, as well as a conceptual model, to support and guide future data collection, research, and analysis.
METHODOLOGY

In 2020, InterAction conducted a literature review to track and evaluate existing evidence of the interplay between CT measures and humanitarian action. The review included a variety of sources including policy briefs, reports, articles and other documentation from academics, NGOs, UN bodies and think tanks. Material was analyzed to identify cases where CT measures created impediments that impacted humanitarian operations, as well as all recommendations across the literature oriented around correcting the problems CT measures create for humanitarian action. The impacts and recommendations identified were included in two separate catalogues and are searchable by a range of fields, including specific context, the originating policymaker, the type of impediment created, and type of impact.

The initial review found that much of literature made broad assertions of impact. To ensure the quality of the final analysis, only impacts that met the following criteria were included in the dataset:

The impact must demonstrate a negative consequence in terms of an organization’s ability to plan and respond to needs based only on the extent and urgency of those needs, as independently assessed, and to do so in an efficient and timely manner.

This definition was a strict one and refined the total number of impacts listed in the catalogue to only those that demonstrated a clear effect on humanitarian delivery. If meeting the inclusion criteria, impacts were further grouped across five different impact types.

If evident in the literature, the catalogue also specifies the policy originator – states/donors, UN entities and multilateral organizations, host country governments, and banks – and the corresponding impediment type that created the impact.

To assess progress made against recommendations to remedy the harmful consequences CT measures pose to humanitarian action, the Recommendations Catalogue documents recommendations made since 1995, organized by the target of each recommendation. As with the Impact Catalogue, only those appearing in specific “recommendations” sections in the literature were included. Furthermore, additional information regarding operational context, secondary & tertiary targets of the recom-
SUMMARY ANALYSIS
CT MEASURES POSE CLEAR THREATS TO HUMANITARIAN ACTORS AND OPERATIONS

Humanitarian organizations have continuously raised concerns with States and donor governments, particularly over the last decade, stressing the need to safeguard humanitarian action from the unintended harm caused by CT measures. Despite regular efforts to document and share these concerns, States and donor governments continue to ask for additional evidence of impact.

This review covered more than 50 papers produced by prominent think tanks, academic institutions, and specialist humanitarian practitioners and researchers. Overall, approximately 1,200 pages were analyzed to identify types of CT impediments, policy originators, and whether any direct impacts to humanitarian operations resulted. InterAction recorded 203 impacts falling within the qualifying criteria. While the review encompassed material dating back to 1995, impacts meeting the inclusion criteria only began appearing in sources published from 2011 onward. More than half of the of the impacts logged (52%) were operational in nature (Figure 1).

FIGURE 1
HOW CT MEASURES AFFECT HUMANITARIAN ACTION
From 2011–2018

While InterAction reviewed literature published as recently as 2020, only sources published between 2011 and 2018 document impacts meeting the study’s inclusion criteria.
Operational impacts typically occur at the point closest to delivery of assistance, meaning these impacts likely posed immediate barriers to meeting life-saving needs. Recorded impacts included increased implementation difficulties, program delays, an inability to deliver aid based on needs alone, a reduction in presence and denials of funding to programs in areas where designated groups were present. This offers evidence that CT measures posed clear impediments to humanitarian delivery, compromising aid organizations’ ability to provide timely, quality, and efficient humanitarian interventions to those in greatest need.

Financial impacts accounted for 29% (60 total cases), with the remaining 18% covering legal, reputational and security impacts. The variance across the different impact types does not suggest that legal, reputational or security impacts do not occur. Often such impacts are difficult to identify for outside researchers or too sensitive to disclose. Additionally, legal, reputational, and security threats tend to manifest as second- or third-order effects, often cascading from the more immediately felt operational impacts. InterAction’s previous studies on risk management show how heightened or realized risks in one area often exacerbate or create risk in other areas. The same can be true for CT impacts. Both the impact of the CT impediment itself and the mitigating actions an organization undertakes can cause a chain reaction of shocks, each spilling over to create more impacts and pose additional risks. For example, reducing presence in a given area because an organization can no longer cope with unclear standards on contact with designated groups creates an immediate operational impact. However, suspending programs and closing offices also carry financial impacts. Likewise, halting life-saving activities and withdrawing staff from a location creates reputational challenges with communities, affecting local acceptance. With acceptance compromised, the likelihood of immediate security threats to frontline teams is further heightened.

Of the impacts documented, 52 occurred in occupied Palestinian territory, 46 in Somalia, 11 in Syria, nine in Yemen, and nine in Nigeria. A remaining 65 impacts occurred in unspecified locations (see Figure 2). More than 60% of documented impacts occurred in countries undergoing counter-terrorism efforts. Impacts on special groups such as women, children and IDPs were also assessed. However, none of the material offered specific evidence or insight on these groups. Likewise, given the lack of research focus in this area, few recommendations exist to minimize potential harm.

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FIGURE 2

**CRISIS CONTEXTS WHERE IMPACTS OCCURRED**

*From 2011–2018*

- Somalia: 24%
- oPT: 34%
- Nigeria: 4%
- Syria: 6%
- Yemen: 5%
- Unspecified: 27%
ACTORS RESPONSIBLE FOR IMPLEMENTING CT MEASURES

Among the 203 impacts documented, only 125 identified the originator of the policy, with a remaining 78 cases not specifying where the impediment and corresponding impact flowed from. States and donor governments were cited as the originators of policies of more than 50% of the catalogued impacts. The US Government, as both a donor and a State, was cited regularly as one of the most critical originators of CT policies and practices posing direct impediments to humanitarian operations. Clearly, this reveals the evidence that States and donor government CT policies are posing the biggest threat to humanitarian work, meaning solutions rest first and foremost with them, as well as with the UN Security Council, which counterterrorism resolutions bind and are implemented by Member States.

Many records, 38%, did not identify any originator type. Even when the type of originator is clearly identified, it is not always noted which specific actor was responsible for creating an impediment. Most sources only identify the originating government, not the entity or agency responsible for implementing or enforcing CT policies. Gathering this data is difficult as CT measures are implemented and enforced through multiple pathways and networks that often overlap. For example, States enact UN CT resolutions in their own autonomous legal, administrative, and regulatory frameworks. Though originating from a common multilateral resolution, States will apply different degrees of nuance and methods to implement, oversee, and enforce a given policy. As a result, humanitarian organizations, and the vendors servicing them (i.e. banks), face a range of regulatory pressures and varying requirements across multiple jurisdictions. For example, a US-based bank that is fearful of punitive costs of inadvertently running afoul of US CT-financing laws may opt not to service humanitarian organizations operating in Syria or Yemen, leading them to abruptly freeze bank accounts. A European-based bank may be more flexible simply due to the enforcement models of different regulators.

Multilateral CT resolutions may also cause government donors to revise their contract terms. The requirements range from zero-tolerance for the diversion of any assistance to designated individuals or entities to new administrative steps and justifications to respond in areas where designated groups are present. Host governments in crisis settings, often claiming humanitarian operations facilitate terrorist activity, can add another layer of complexity. These governments may apply new restrictions on NGO registration, added bureaucratic conditions to operate, and may engage in disinformation campaigns that discredit humanitarian operations. At all levels, and across multiple jurisdictions and countries, a single CT measure can create impediments and impacts at every stage of the humanitarian value chain.

The case example described above is widely acknowledged by humanitarian actors, yet there are still obstacles in tracing impediments and impacts flowing from a single policy. As noted above, 78 identified cases of impact did not describe what policy the impact flowed from, nor the originating entity (i.e. States, UN, banks etc.) whose policy caused the impact to humanitarian work. Either the data was not known, not accessible, or the information was sensitive and operational organizations were hesitant to disclose it.
REPEATED RECOMMENDATIONS TO ADDRESS BARRIERS REVEALS RELUCTANCE TO CHANGE

The research identified 275 recommendations dating back to 1995, with many recurring over nearly 20 years. Only seven recommendations occurred prior to 2010, with the majority made in literature published from 2010 onward. This finding offers further evidence of the detrimental impact that CT measures have on humanitarian action, as well as growing research attention to the problem.

At 42%, recommendations made to States and government donors far outpaced those made to other entities such as multilateral institutions, banks, and the humanitarian community writ large. This is not surprising given that CT policy measures originate with States, meaning they are both the drivers of the problem and the avenue for effective and lasting solutions. However, it is concerning that much of the literature repeated recommendations over several years, showing stalled progress and a possible reluctance on the part of CT originators to correct problems and take real action to minimize harm.

While banks were among the top cited originators, few recommendations explicitly targeted financial institutions – only 4% in total (see Figure 4). This may indicate aid organizations and financial institutions lack a comprehensive enough understanding of each other’s practices to propose targeted solutions. Alternatively, this may be because State regulators are ultimately responsible for adopting strict enforcement measures around counter-terror financing and are therefore the primary target for policy change.
InterAction grouped the recommendations across six commonly recurring thematic areas: solutions focused engagement, coordination and information sharing, responsibility to evaluate impact, legal clarity and explicit guidance, obligation to ensure humanitarian safeguards, and financial access and record keeping. Grouping recommendations made by theme and target group demonstrates that the responsibility to evaluate the impacts of CT measures rests largely with States, the originators themselves. Yet the burden of evidence collection and demonstrating an impact continues to fall on humanitarian organizations, with many States calling for empirical proof of harm. States and donor governments were among those most frequently called upon to enact safeguards to protect against and mitigate impacts. States and donor governments accounted for 42% of the recommendations to evaluate the impact of CT measures, followed by 22% directed at UN entities and multilateral institutions. Recommendations to ensure humanitarian safeguards followed a similar ratio – 55% targeted States and donor governments, and 39% targeted UN entities and multilateral institutions.

Recommendations to prioritize solutions focused engagement across relevant stakeholders accounted for 33% of all recommendations made, with the majority again targeting States and donor governments, and banks. It is worth noting that

**SOLUTIONS FOCUSED ENGAGEMENT**

Recommendations proposing meaningful engagement or dialogue across relevant actors, including humanitarian NGOs/civil society, multilateral organizations, States, etc. to advance real solutions.

**COORDINATION & INFORMATION SHARING**

Recommendations proposing organization, planning and information sharing across relevant stakeholders to enable informed decisions, and a strategic approach to address consequences of CT measures.

**RESPONSIBILITY TO EVALUATE IMPACT**

Recommendations proposing relevant stakeholders conduct impact analysis of CT related measures and sanction regimes. Recommendations proposing relevant stakeholders conduct impact analysis of CT related measures and sanction regimes.

**LEGAL CLARITY & EXPLICIT GUIDANCE**

Recommendations urging decision-makers/regulators/banks to provide legal clarity and explicit guidance on application of CT laws, policies, practices, and regulations.

**OBLIGATION TO ENSURE HUMANITARIAN SAFEGUARDS**

Recommendations on the responsibility of policymakers to ensure adequate humanitarian safeguards to correct the harm posed by CT measures on humanitarian action.

**FINANCIAL ACCESS & RECORD KEEPING**

Recommendations aimed at banks/IFIs and regulators to ensure access to financial sector for aid organizations.
noting that the broadening scope of CT measures and the resulting impacts posed to humanitarian operations has galvanized greater dialogue and exchange on the topic area, particularly with improved coordination between humanitarian implementers. Several platforms exist that have promoted dialogue between donor governments, States, NGOs, and banks. While this represents progress, dialogue is not an end in itself. Increased engagement has costs, particularly in terms of staff time and resources within humanitarian organizations, and dialogue must materialize immediate and real improvements that reduce barriers and burdens to delivery. As most of these recommendations target CT originators, it suggests previous consultation did not realize meaningful progress to correct the policies and measures that impede principled humanitarian action.

While there are some variations in the recommendations made across multiple sources, most are quite similar both in targets and practical suggestions, particularly those directed to States, donor governments and multilateral bodies. For example, States and UN entities mandated or engaged in CT activities have been urged to adopt or strengthen humanitarian safeguards. Likewise, States, the UN Security Council, other multilaterals, donors, and financial institutions were regularly encouraged to provide legal clarity and concrete guidance on the application of CT measures and sanctions, so that humanitarian organizations might avoid legal ambiguity and confusion. This problem
set was cited throughout the literature, with little demonstrable evidence of progress. Again, repeated recommendations overtime implies that those with decision-making powers have been reluctant to implement potentially viable solutions proposed.

CONCLUSION AND RECOMMENDATIONS

This review shows that CT measures indeed pose real and often considerable barriers to humanitarian action. These barriers are complex and often cause multiple cascading impacts ranging from increased administrative burdens to very real threats to the lives of frontline aid workers. Humanitarian practitioners and researchers alike have recognized this dilemma for some time and worked to understand the impact and details of these challenges. Despite such efforts, originators of CT measures have demonstrated limited willingness to solve the problem or pursue real fixes to ensure the unimpeded delivery of humanitarian assistance. To that end, stakeholders should consider the following recommendations:

**States should assess the harmful implications of their own CT measures**, gather their own evidence, ensure CT objectives do not undermine humanitarian action, and institute safeguards to mitigate the harm CT impacts pose to the organizations responding to life-saving needs.

**States should conduct an extensive review of the recommendations made to them over the years and evaluate whether they have adopted those recommendations.** Despite repeated recommendations made, States and donor governments have not taken meaningful action to correct the harm posed by their own CT measures at a systemic level. States should initiate a review process, beginning first with those recommendations outlined in the Recommendations Catalogue, and expanding to other relevant proposals. Upon completing the review, States should engage with the humanitarian community to share findings, solicit input and feedback, and define and prioritize clear corrective steps.

**The humanitarian community should make efforts to speak one language around CT impediments and impacts to aid delivery**, especially when engaging in analysis and advocacy. Through the review, InterAction developed common terms and definitions. The definitions are in alignment with the InterAgency Standing Committee (IASC) CT Database with recent surveys of humanitarian organizations to gather evidence on the negative impact of CT impediments for a forthcoming report from the Counter-Terrorism Committee Executive Directorate (CTED) to be released in summer of 2021.

**Research bodies and academics should focus on collecting more data and analyzing impacts to fill key gaps in the evidence base.** Data represented in the Impact and Recommendations Catalogues indicate the existing literature has not yet evaluated how CT measures affect vulnerable populations including women, children, internally displaced people (IDPs) and refugees. Where possible, researchers undertake analysis that draws on the resource library, and the definitions established through this review. Additionally, while accounting for the sensitive nature of many of these impacts, analysis should endeavor to show the origin of any impediments, impacts posed to humanitarian organizations, and harm caused to affected populations.
The humanitarian community should deepen efforts to document CT impediments and corresponding impacts as they emerge. Cases can be shared with the IASC Counterterrorism Database through a confidential reporting portal. The recently established database is a collaborative tool – developed by and for the humanitarian community – to track impediments in real time and strengthen collective humanitarian advocacy. This review highlighted the difficulty in obtaining comprehensive information as the literature only provided summaries of impacts and reinforced the need for a longer-term solution to document CT measures and related impacts in a centralized location.
REFERENCES


AMDH and FIDH. “In Central Mali, Civilian Populations Are Caught Between Terrorism and Counterterrorism,” 2018.


European Center for Not-for-Profit Law. “Civil Society & Counter-Terrorism,” n.d.


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ABOUT INTERACTION

Founded in 1984, InterAction is the largest U.S.-based alliance of international NGOs and partners. We mobilize our Members to think and act collectively to serve the world’s poor and vulnerable, with a shared belief that we can make the world a more peaceful, just, and prosperous place—together.