



Non-State Armed Groups and Healthcare

Stuart Gordon Chatham House



BRIDGING THE GAP
CAERUS - EVIDENCE BASED POLICY FOR POST CRISIS STABILITY

CHATHAM HOUSE
The Royal Institute of International Affairs

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Scope

- Diversity
- Contribution
- Motivation
- How you can help us develop our research

- Policy Issues?

Diversity

- Warlords
- Militias
- Paramilitary forces
- Insurgencies
- Terrorist organizations
- Criminal organizations
- Youth gangs
- Challenge to the Westphalian order or permanent feature?
- Framing – as negatives (GWOT, Failed States, transnational criminality)
- Models
 - Greed
 - Proto state formation
 - Or Grievance
 - Intermediate – structure, multiple causal variables, forms of collaboration, rational delimitation of violence
 - Institutional theory and endogenous factors

Institutional Theory - Convergence

- Organizations adopt certain traits, structures and ways of operating in order to gain legitimacy within their environment.
- The consequence is that organizations with similar environmental domains tend to develop standard structures and processes.
- Not adhering to the institutional standards causes an organization to lose credibility with stakeholders.
- Homogenous evolution of military medical support networks – convergent evolution and institutional isomorphism
- Role of foreign 'norm' professionals
- Territorial control and civilian 'imaginaries' of government

Contribution to Healthcare

- Positive
 - Alternative Provision (Zapatistas, KNU, etc)
 - Only Provision (TPLF and KNU)
 - Governance and empowerment? (TPLF, Zapatistas)
- Neutral?
 - Domains of conflict
 - Naxalites and Maoists in Nepal
- Negative
 - Destruction (SPLM) Resource acquisition, Nihilism or the Club Model – Eli Berman *et al*
 - Obstruction
 - Treatment of wounded combatants/ambulances – criminalization of the wounded – Syria and Maoists
 - Selectivity/co-option - Hezbollah
 - Reinforcing ethnic boundaries/undermining or providing an alternative to the state – Hezbollah, Zapatistas, LTTE
 - Patronage/theft – Maoists, FARC and Sadrist militia
 - Tool of political competitions and socialisation
 - Broader impact of war on health systems

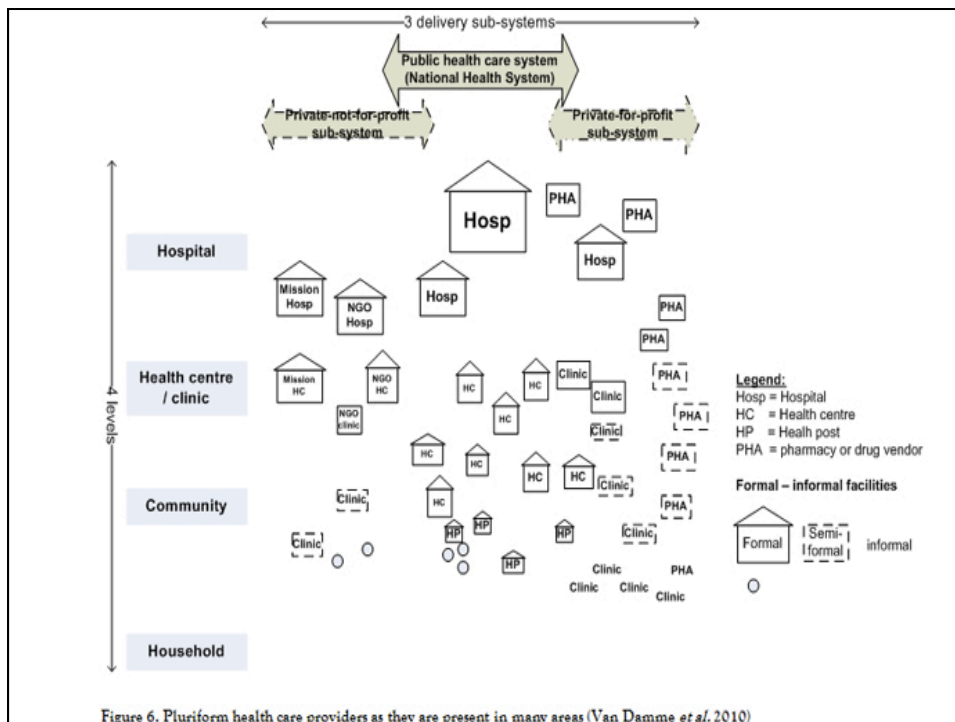


Figure 6. Pluriform health care providers as they are present in many areas (Van Damme *et al.* 2010)

What would we like from you?

- Any experience of interaction with NSAGs?
- Your views on barriers to enhancing their contribution to health, where motivated.
- Your views on how to motivate NSAGs to comply with IHL in area of health.
- Your views on what may be possible and what may be 'off limits'

Discussion