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THE ROLE OF HUMANITARIAN HEALTH DIPLOMACY IN STRENGTHENING PUBLIC HEALTH RESPONSE IN CONFLICT ZONES: A CASE STUDY OF SAUDI ARABIA'S ENGAGEMENT THROUGH KSRELIEF

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Abstract
Armed conflicts have decimated public health systems in many regions, prompting the emergence of *Humanitarian Health Diplomacy* (HHD) as a means to negotiate health access and assistance amid violence. This study examines how HHD can strengthen public health responses in conflict zones, focusing on Saudi Arabia's engagement through the King Salman Humanitarian Aid and Relief Centre (KSRelief). Using a qualitative, descriptive approach, we analyze case studies from Yemen, Syria, and Sudan, drawing on KSRelief reports, World Health Organization (WHO), International Committee of the Red Cross (ICRC), and United Nations (UN) sources. We define health diplomacy and its humanitarian variant, review global frameworks, and identify gaps regarding Middle Eastern actors. Our findings illustrate that Saudi Arabia's HHD efforts – including negotiating vaccination campaigns during ceasefires, opening humanitarian corridors, and protecting healthcare workers – have facilitated life-saving interventions. KSRelief's support for measles immunizations in Yemen, field hospitals and cross-border aid in Syria, and health system stabilization in Sudan demonstrate both the potential and limitations of HHD. We discuss strengths and weaknesses of HHD as a tool for humanitarian access, compare Saudi initiatives with Western approaches, and assess Saudi Arabia's unique contributions. Policy recommendations are offered on institutionalizing HHD within KSRelief and integrating HHD into global response strategies, in alignment with Sustainable Development Goals 3 and 17. This research contributes new insights on an under-studied actor in health diplomacy and underscores the importance of neutral, health-focused dialogue in conflict settings.

Keywords; Saudi Arabia; Public Health System; SDG3; Conflict Zones; Humanitarian health diplomacy

1. Introduction

Armed conflicts inflict catastrophic damage on public health systems, undermining essential services, infrastructure, and disease control efforts. Modern wars frequently target hospitals and healthcare workers or indirectly cause system collapse through instability and resource depletion. In Yemen, for example, years of war have left nearly half of health facilities nonfunctional or only partially operational, affecting over 21 million people[1]. Similar crises unfold in Syria and Sudan, where prolonged violence has devastated hospitals and clinics, contributing to millions of civilians lacking basic care[1]. Conflict conditions also trigger outbreaks of infectious diseases once held at bay: the breakdown of water and sanitation in Yemen led to the world's fastest-growing cholera epidemic, surpassing 800,000 cases within six months of onset[2]. As Save the Children noted, such an outbreak "is what you get when a country is brought to its knees by conflict – when the healthcare system is on the brink of collapse"[2]. These examples typify the dire intersection of conflict and health, where war erodes routine immunizations, disrupts supply chains for medicines, and causes flight or targeting of health personnel. Public health gains built over decades can be reversed in months by the ravages of war.

Against this backdrop, *Humanitarian Health Diplomacy* (HHD) has emerged as a vital tool to secure health outcomes amid conflict. HHD refers to negotiation and advocacy efforts that enable humanitarian health interventions – such as vaccination campaigns, disease control

programs, or medical evacuations – in insecure, politically charged environments. It builds upon the broader concept of global health diplomacy, which is defined as "the multi-level and multi-actor negotiation processes that shape and manage the global policy environment for health"[3]. While traditional global health diplomacy often operates in high-level foreign policy fora to address transnational health issues[3], **humanitarian** health diplomacy is practiced on the front lines of crises, focusing on immediate lifesaving access and neutral health care delivery in war zones. In essence, HHD applies diplomatic negotiation to humanitarian health objectives: persuading combatants and authorities to permit vaccinations, agree to *days of tranquility* or ceasefires for health campaigns, protect hospitals from attack, or allow aid corridors for medical supplies. This approach aligns with the principles of humanitarian diplomacy as articulated by the Red Cross/Red Crescent Movement: "persuading decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people…with full respect for fundamental humanitarian principles"[4]. HHD thus sits at the nexus of health, humanitarian action, and peace negotiation, operationalizing the ethos that protecting health can be a bridge for dialogue even when political issues remain intractable.

The idea of leveraging health initiatives to mitigate conflict is not new. Historical precedents date back to the 1980s and 1990s when WHO launched the *Health as a Bridge for Peace* framework, inspired by earlier successes such as days-long ceasefires to immunize children during conflicts in Central America and elsewhere[5]. These efforts demonstrated that rival parties could sometimes find common ground in protecting public health. Contemporary HHD builds on this legacy but has expanded in scope. UN agencies, the ICRC, and NGOs regularly engage in negotiations with armed groups to secure *humanitarian corridors* for aid delivery or to coordinate vaccination campaigns across frontlines. The World Health Organization's Global Health and Peace Initiative (GHPI), for instance, explicitly seeks to design health programs that also foster local dialogue and social cohesion in conflict-affected settings[5]. Such initiatives underscore the growing recognition that health interventions can open channels of communication and reduce suffering even amid war.

Despite increased global attention to health diplomacy, there are notable gaps in research regarding the role of Middle Eastern humanitarian actors. Much of the literature on global health diplomacy has focused on Western states and global institutions (e.g., the US leveraging health aid for soft power, or the WHO's diplomatic efforts), as well as emerging powers like China's health aid in Africa[3]. In contrast, actors from the Middle East – including Gulf states like Saudi Arabia and their specialized aid agencies – have received relatively little scholarly scrutiny in this domain. This represents an important gap, given that the Middle East is home to major humanitarian donors and is itself the theater of multiple protracted conflicts. Saudi Arabia in particular has become one of the world's leading humanitarian contributors in the past decade, channeled largely through the King Salman Humanitarian Aid and Relief Centre (KSRelief) established in 2015. However, the extent to which Saudi Arabia employs diplomacy to facilitate its humanitarian health operations, and how its approach compares to Western or multilateral efforts, remains under-explored in academic literature. Addressing this gap is timely: as a regional power and an Islamic nation, Saudi Arabia brings unique influence to conflict settings in the Arab and Muslim world, potentially enabling access that might be challenging for Western actors. Its dual role as both a donor and (in Yemen) a conflict party adds complexity to its HHD engagement that merits careful analysis.

This research therefore focuses on Saudi Arabia's practice of humanitarian health diplomacy through KSRelief, examining how it has sought to strengthen public health response in active conflict zones. We center on three case studies – Yemen, Syria, and Sudan – where Saudi Arabia has been deeply involved either as a conflict stakeholder, mediator, or humanitarian patron. The core research questions are: **(1)** How has KSRelief employed humanitarian health diplomacy to negotiate access and deliver health interventions in conflict-affected countries? **(2)** What have been the outcomes and limitations of these efforts for public health on the ground? **(3)** How do Saudi Arabia's HHD initiatives compare with those of other major actors (such as the UN, ICRC, or Western donors), and what unique contributions or challenges emerge from the Saudi context? In pursuing these questions, the paper aims to shed light on HHD as a mechanism to safeguard health in war-torn environments, and to derive lessons for integrating diplomatic strategies into humanitarian health operations. Ultimately, ensuring health and well-being in conflicts (as envisioned by Sustainable Development Goal 3) often hinges on building partnerships and trust among diverse actors (echoing SDG 17) – precisely the domain of humanitarian health diplomacy. Saudi Arabia's experience provides a compelling case of such diplomacy in action, with global implications for how we manage the interface of conflict and health.

2. Theoretical Framework and Literature Review

- **Defining Health Diplomacy vs. Humanitarian Health Diplomacy:** Health diplomacy, in its broadest sense, refers to the practices by which states and non-state actors *negotiate* and *coordinate* in the arena of global health policy. Ilona Kickbusch and colleagues, who helped pioneer the concept, describe *Global Health Diplomacy* as multi-level negotiation processes involving various actors (governments, international agencies, civil society, etc.) that shape the global policy environment for health[3]. Such diplomacy often manifests in forums like the World Health Assembly or in international initiatives (for example, negotiations for pandemic treaties, or the Global Fund for AIDS, TB and Malaria) where countries seek collective solutions to health challenges that transcend borders. The motivations for global health diplomacy can include protecting populations from cross-border health threats, leveraging health aid for foreign policy goodwill, or advancing human rights and development agendas. Crucially, traditional health diplomacy typically operates within the realm of foreign relations and global governance – linking health objectives with international politics and development strategies.

Humanitarian Health Diplomacy is a more focused subset of this field, operating at the intersection of health, humanitarian action, and conflict mediation. While no single authoritative definition exists in literature yet (given the term's relative novelty), we can characterize HHD as diplomacy applied to achieve humanitarian health outcomes in crisis settings. It involves negotiation with and between belligerents, governments, and other stakeholders to secure access to health services and life-saving interventions for populations caught in conflict or disaster. In practice, HHD might entail mediating temporary ceasefires to conduct immunization campaigns, advocating with military actors to respect medical neutrality, or arranging cross-line missions to deliver medicines. The emphasis is on immediate relief and the principles of humanity, neutrality, impartiality, and independence that guide humanitarian work. This distinguishes HHD from broader health diplomacy which might pursue long-term policy goals and mutual interests of states. Humanitarian health diplomacy, by contrast, is often urgent, field-oriented, and rooted in moral imperatives to save lives and alleviate suffering in war. It aligns closely with what the

ICRC and IFRC term *humanitarian diplomacy*, defined as "persuading decision-makers and opinion leaders to act in the interests of vulnerable people, and with full respect for fundamental humanitarian principles"[4]. In essence, HHD is humanitarian diplomacy with a health-specific lens – negotiating for the continuity or restoration of health care amid chaos, and using health interventions as entry points for dialogue and trust-building.

- **Global Frameworks and Literature:** Over the past two decades, global health diplomacy has grown as a discipline and practice, spurred by recognition that health issues like pandemics, biosecurity, and inequity have foreign policy significance. The WHO actively engages in diplomacy by convening member states around health agreements and norms. For example, the International Health Regulations are a product of diplomatic negotiation to manage cross-border disease threats. A notable diplomatic initiative was the Foreign Policy and Global Health (FPGH) Initiative launched by several countries in 2007, declaring that "health is now the most important foreign policy issue of our time"[6]. Scholars have elaborated frameworks for health diplomacy, noting its multidisciplinary nature bridging public health, international relations, law, and economics[7]. They highlight the proliferation of actors beyond states: international organizations, NGOs (like Médecins Sans Frontières), philanthropies (e.g., Gates Foundation), and even private sector partners all partake in shaping global health agendas[7]. The literature also distinguishes between *core diplomacy* (formal negotiations between states for treaties or funding pledges), *multistakeholder diplomacy* (public-private or cross-sector initiatives), and *informal diplomacy* (advocacy and relationship-building by non-state actors) in the health sphere[7].

Within humanitarian contexts, a parallel discourse has evolved around *humanitarian negotiation* and diplomacy. The ICRC, for instance, has long practiced confidential diplomacy to influence parties to conflict in adherence to International Humanitarian Law (IHL) – advocating, for example, that hospitals and ambulances not be targeted and that Red Cross access be granted to detainees[4]. The IFRC adopted a formal Humanitarian Diplomacy policy in 2012 to guide National Societies in systematically engaging governments for humanitarian causes[4]. Training programs (like those at the Diplo Foundation and Geneva Centre for Humanitarian Studies) have been established to impart negotiation skills tailored to humanitarian professionals, recognizing that securing consent and access is as critical as the aid itself. One major area of humanitarian health diplomacy in practice has been the protection of health care in conflict. The *Health Care in Danger* project led by the ICRC since 2011 is effectively a diplomatic campaign – involving research, high-level meetings, and UN advocacy – to address the alarming rise of attacks on medical personnel and facilities in war[8]. United Nations Security Council Resolution 2286, passed in 2016, was a diplomatic milestone condemning attacks on health workers; it resulted from extensive humanitarian lobbying, though implementation remains uneven[8].

Another significant thread is negotiation for vaccination and disease control in conflict zones. The concept of "Days of Tranquillity" – temporary ceasefires for immunizations – was pioneered in the 1980s by UNICEF and WHO, with famous examples in El Salvador, Sudan, and later during Afghanistan's polio campaigns[5]. Literature reviews indicate such tactics have saved lives and even built confidence between warring parties, although their success depends on strong facilitation and trust[5]. WHO's Eastern Mediterranean Regional Office in 2019 renewed emphasis on the *Health as a Bridge for Peace* approach, integrating peace-building objectives into health programs[5]. This signals an institutional realization that health interventions can contribute to

conflict mitigation at community levels, beyond their immediate humanitarian value. However, critical analyses also warn of the risks: humanitarian health providers might be perceived as political actors or face moral dilemmas if compromises with belligerents are required (e.g., paying "taxes" at checkpoints to deliver aid)[9]. Maintaining neutrality and impartiality is essential for credibility, echoing the point made by EU humanitarian officials that humanitarian diplomacy must adhere to IHL and avoid political entanglement[10].

- **Gaps in Research on Middle Eastern Actors:** Despite these rich discussions, there is scant dedicated research on how Middle Eastern countries practice health or humanitarian diplomacy. Saudi Arabia, Qatar, the UAE, Turkey, and others have significantly increased their humanitarian footprints, often in their own region. Saudi Arabia in particular has positioned itself as a leading donor and mediator in crises like Yemen and Sudan. Yet academic case studies of Saudi humanitarian diplomacy are limited. One reason might be that Western scholarship only recently turned attention toward Gulf states' emerging "niche diplomacy" strategies. A 2024 study by Hameed (in *Third World Quarterly*) noted that Saudi Arabia employs mediation and humanitarian aid as key elements of its *middle power* diplomacy, aiming to enhance its global image and influence[11]. It argued that Riyadh's vast aid contributions (over $130 billion in five decades) and its leadership of Islamic institutions (like the Organization of Islamic Cooperation) serve as tools of soft power and normative influence[11]. However, granular analyses of Saudi's role in specific health-related negotiations are still missing. How does KSRelief negotiate with, say, Houthi authorities in Yemen to reach children with vaccines? How did Saudi-led diplomacy shape the delivery of aid in Syria after the country's readmission to the Arab League? These questions remain under-examined. There is also a tendency in literature to treat Gulf donors as either politically motivated actors vying for regional influence, or as mere financiers of UN operations, without investigating the diplomacy they may conduct in the field. This study helps fill that gap by examining Saudi Arabia's on-the-ground engagement with HHD, thereby broadening the geography of case studies in global health diplomacy literature.

Furthermore, exploring Saudi Arabia's approach offers comparative insights. Western governments (e.g., the United States, European Union members) often channel humanitarian health efforts through multilateral bodies or independent NGOs, and they may face mistrust in certain regions due to geopolitical baggage. Saudi Arabia, by contrast, as an Arab and Muslim-majority country, might access different avenues of influence in conflicts in Yemen, Syria, or Sudan. Its approach is also intertwined with its foreign policy and security interests – raising questions about neutrality. For instance, Saudi Arabia was a leading belligerent in Yemen even as it funded humanitarian operations there, a dual role that complicates its humanitarian diplomacy. Understanding how KSRelief navigates this duality (perhaps by emphasizing a separation between its military and relief tracks) can be instructive. In summary, this literature review underscores that while the frameworks for health diplomacy are well-articulated globally, the contribution of non-Western actors like Saudi Arabia warrants closer study. By focusing on KSRelief's HHD efforts, we aim to contribute to a more inclusive understanding of how humanitarian health objectives can be achieved through diplomatic means, across different cultural and political contexts.

3. Methodology

This research employs a qualitative, descriptive case study methodology to analyze Saudi Arabia's use of humanitarian health diplomacy in conflict settings. We selected *Yemen*, *Syria*, and *Sudan* as the primary cases due to their salience: each has experienced severe conflict-related health crises, and Saudi Arabia (through KSRelief) has been actively engaged in humanitarian response, albeit under different roles and circumstances. Using a comparative case approach allows us to identify common strategies and challenges in Saudi's HHD across contexts, as well as context-specific dynamics.

Data Sources: Our analysis relies on multiple sources of documentation and reporting: - **KSRelief Reports and Statements:** We reviewed KSRelief annual reports, press releases, and speeches by its leadership (particularly Dr. Abdullah Al-Rabeeah, the Supervisor-General) for insights into the center's humanitarian missions and any explicit mention of diplomacy or negotiations undertaken. KSRelief's official reports often detail project partnerships (e.g., with WHO or UNICEF) and occasionally reference coordination efforts or agreements signed. - **United Nations and ICRC Documents:** We gathered relevant information from WHO situation reports and news releases (especially WHO's Eastern Mediterranean Regional Office communications), which document Saudi-funded health projects and often quote officials on the partnership's importance. UN OCHA publications, including Humanitarian Needs Overviews and situation updates for Yemen, Syria, and Sudan, provided context on health system conditions and humanitarian access issues. We also consulted ICRC and IFRC publications on humanitarian diplomacy to frame the context (though ICRC's confidential work means case specifics are sparse publicly). - **Peer-Reviewed Journals and Academic Analyses:** To the extent available, we included findings from academic articles that touch on health interventions in these conflicts or on Saudi foreign aid. For example, public health studies on Yemen's health system or on attacks against healthcare informed our understanding of the baseline challenges that HHD must address. Additionally, literature on global health diplomacy and mediation (discussed in the previous section) shaped the analytical lens. - **News Media and Secondary Sources:** Authoritative news outlets and think-tank reports were used to capture key events that exemplify HHD in our cases. Reuters, for instance, reported on the 2020 medical airlift flights from Sanaa which we consider under the Yemen case study[6]. Arab News and other regional outlets provided coverage of Saudi diplomatic initiatives like ceasefire talks or conferences (e.g., the Riyadh Humanitarian Forum), which included useful quotes and data[10]. While media sources are not peer-reviewed, we cross-verified important claims (such as funding figures or the occurrence of negotiations) with official statements whenever possible.

Case Selection Rationale: The three cases were chosen for their diversity in Saudi Arabia's engagement: - *Yemen* – representing a context where Saudi Arabia is both a conflict party (leading a military coalition) and a major humanitarian donor. Yemen offers a critical test of HHD: can a belligerent also broker health access? KSRelief has operated extensive health programs in Yemen since 2015, including vaccination drives and cholera responses, making it a rich case. - *Syria* – where Saudi Arabia was initially a supporter of opposition factions and is now re-engaging diplomatically with the Assad regime. Saudi's role evolved from providing cross-border aid to rebel-held areas (indirectly via partners) to, in 2023–2025, directly providing aid in government-controlled areas after normalization. This case allows exploration of HHD in both cross-border (non-government-controlled areas) and government-coordinated modalities. - *Sudan* – where Saudi Arabia is not a belligerent but a key mediator and donor in the wake of the

April 2023 conflict between Sudanese forces. Saudi co-hosted peace talks in Jeddah and led humanitarian pledges, including health aid. Sudan thus highlights HHD in a mediation context: using diplomacy to facilitate relief for a conflict that Saudi seeks to help resolve but is not directly fighting in.

By examining these cases, we capture a broad spectrum of HHD scenarios: negotiating access in a proxy war (Syria), negotiating aid while fighting (Yemen), and negotiating as a third-party peace-broker (Sudan). This enhances the external validity of insights gleaned.

Analytical Approach: We conducted a thematic analysis of the collected sources for each case study. Key themes included: - *Negotiation Processes:* e.g., evidence of KSRelief or Saudi officials negotiating with conflict actors (Houthis, Syrian government or opposition, Sudanese warring parties) for health access. We looked for mentions of ceasefire agreements for humanitarian purposes, memoranda of understanding for aid delivery, or behind-the-scenes facilitation. - *Health Interventions and Outcomes:* documentation of what health activities were enabled by diplomatic efforts – such as vaccination campaigns reaching X number of children, medical supply corridors opened, hospitals rehabilitated, or patient evacuations conducted. - *Protection and Advocacy:* instances of Saudi or KSRelief advocacy for protection of healthcare (statements condemning attacks on health workers, promotion of international humanitarian law compliance, etc). - *Partnerships:* the role of Saudi partnerships with UN agencies (WHO, UNICEF, UN OCHA) and NGOs in mediating access. Often, HHD is a collective effort; we examined how Saudi's contributions meshed with those of other actors, or if Saudi Arabia leveraged international platforms for its humanitarian aims. - *Limitations/Challenges:* identification of where HHD faced setbacks – for example, aid obstruction despite efforts, politicization of aid, or trust deficits. This included reviewing any critiques (from NGOs or local observers) of Saudi's humanitarian operations in these contexts.

Each case study was first analyzed independently to construct a narrative of Saudi's engagement through an HHD lens. We then performed a cross-case comparison in the Discussion section, to draw out common findings (strengths/weaknesses of HHD) and differences (due to context or Saudi's role). Given the qualitative nature, our goal was not to establish causal impact of HHD on health outcomes with quantitative metrics, but rather to provide a richly contextualized understanding of HHD in practice and derive insights and lessons.

Validity and Limitations: We acknowledge certain limitations. As an external analysis, we relied on available documentation; much of diplomacy occurs in private, so our picture of negotiations is likely incomplete. For instance, internal Saudi discussions with warring parties are not public record. We have tried to mitigate this by triangulating multiple sources (e.g., if a UN report states an agreement was reached, and media quotes officials about Saudi's role in that agreement, we infer diplomatic engagement). Another limitation is potential bias in sources: Saudi government sources may portray its efforts favorably, whereas some NGOs or rival media might be more critical. We strove for balance by including a range of sources, and by focusing on factual outcomes (e.g., funding figures, campaign results) rather than rhetoric alone. The analysis is also time-bound; conflicts are evolving, especially the Sudan crisis which is ongoing, so this paper captures a snapshot up to 2025. Despite these challenges, the methodology provides a foundation to explore an important and under-documented aspect of conflict response. The findings, while centered on Saudi's experience, may carry broader implications for how humanitarian health diplomacy can be structured and institutionalized in other contexts and organizations.

4. Findings / Case Studies

Yemen: Negotiating Health Access Amid Civil War

Context: Yemen's civil war, ongoing since 2014, has produced one of the world's gravest humanitarian crises. The health system has been a major casualty: by 2019, an estimated 50% of health facilities had been destroyed or closed due to airstrikes, shelling, lack of staff, or supplies[8]. Over two-thirds of the population (approximately 21–22 million people) require humanitarian assistance[1], and the country has faced outbreaks of cholera, diphtheria, measles, polio, and COVID-19 on top of widespread malnutrition. The conflict parties primarily include the Houthi armed movement (which controls the north, including the capital Sana'a) and the internationally recognized Yemeni government backed by a Saudi/UAE-led military coalition. This fragmentation means that humanitarian organizations must navigate multiple authorities and frontlines to deliver aid. Saudi Arabia's position in Yemen is two-fold: it is a belligerent (leading the coalition supporting the Yemeni government since 2015) and simultaneously the largest donor of humanitarian aid to Yemen, often via KSRelief. This dual role has presented both opportunities and challenges for humanitarian health diplomacy.

Vaccination Campaigns and "Days of Tranquility": A hallmark example of HHD in Yemen has been the effort to conduct vaccination campaigns despite active conflict. Polio eradication and measles immunization, in particular, required nationwide coverage, including in Houthi-controlled areas often inaccessible to government or foreign personnel. Saudi Arabia, through KSRelief and in partnership with WHO and UNICEF, has helped fund and negotiate immunization days. In 2019–2020, the WHO Representative in Yemen reported that KSRelief became its main funding partner, enabling the preservation of Yemen's immunization cold chain and vaccine distribution network[5]. While UN agencies usually take the lead in negotiating *ceasefires for vaccination*, Saudi political influence has been significant. For instance, Saudi officials leveraged ceasefire talks to insist on humanitarian access provisions. The Saudi-led coalition at times announced unilateral pauses to allow aid in, though critics argue these were insufficient.

A concrete outcome was the *"medical air bridge"* initiative launched in early 2020. After two years of negotiations facilitated by the UN and with Saudi assent, the first humanitarian flights evacuated chronically ill Yemeni patients from Sana'a (under Houthi control) to hospitals abroad[6]. The coalition controls Yemen's airspace and had imposed an air blockade on Sana'a; thus, opening these flights was a diplomatic breakthrough requiring Saudi agreement and Houthi cooperation. In February 2020, a Saudi military plane symbolically transported patients from Sana'a to Amman in an operation overseen by WHO – marking the first such medical evacuation flights since the war began[6]. WHO officials noted this "took two years of negotiations to set up" and was backed by extraordinary diplomatic support from regional actors[6]. Although only dozens of patients benefited initially, the air bridge represented HHD at work: human lives prioritized over political hostilities, with Saudi Arabia playing a key role in brokering the arrangement under UN auspices.

KSRelief also directly negotiates and coordinates vaccination campaigns through Yemen's Ministry of Health and local authorities. In 2021 and 2022, KSRelief supported nationwide polio immunization days and measles/rubella campaigns by providing funding, logistics (vehicles, fuel), and incentives for health workers to reach remote areas. Given that Houthi areas often have separate health administration, agencies like KSRelief had to engage via WHO/UNICEF as

intermediaries to ensure vaccines reached northern governorates. Trust-building was crucial – in 2018, a previous cholera vaccination campaign was initially rejected by local authorities due to mistrust of outside interventions. By 2022, however, with consistent engagement and global advocacy stressing neutrality, all parties permitted a phased cholera vaccination drive in high-risk districts. Saudi Arabia's diplomatic clout (as the coalition leader) was likely instrumental behind the scenes in persuading the Yemeni government and indirectly the Houthi leadership to cooperate on these health matters.

A recent success is the 2024 Measles and Rubella immunization project launched jointly by WHO and KSRelief in Yemen. With a $3 million contribution from KSRelief, this 15-month project aims to vaccinate over 1.2 million children under five in four governorates hit hard by measles[7]. The campaign provides solar-powered fridges to 81 health facilities to maintain vaccine cold chain, and deploys 1,540 health workers to ensure regular immunization services despite the conflict[7]. Notably, among the target areas are Sa'ada and Hajjah – regions with heavy Houthi presence – indicating that access was negotiated or arranged to allow operations there[7]. Dr. Abdullah Al-Moallem of KSRelief's Health Aid Department described the project as seeking to "limit the spread of measles through vaccination campaigns in four major governorates where the epidemic has spread"[7]. This language reflects a humanitarian imperative free of politics. The partnership announcement was made from Aden (government seat), but it implicitly covers all Yemen. The careful diplomacy by WHO and donors like Saudi Arabia has been to frame such campaigns as life-saving for children everywhere, thereby obtaining buy-in from both sides. Indeed, WHO's representative said this project "reflects a shared commitment to safeguard the health of Yemen's children…and strengthen the country's health system"[7] – a message likely directed to all factions to keep health neutral.

Humanitarian Corridors and Health Supply Chains: Another domain of HHD in Yemen has involved securing corridors for the delivery of medical supplies and personnel. Throughout the war, frontline cities like Taiz were under siege, and opening roads for aid became a subject of negotiation in every peace talk. Saudi Arabia, as a mediator and as a leader of one side, has at times announced corridor openings. For example, during a 2018 de-escalation around Hodeida, Saudi and allied forces agreed to a UN-proposed humanitarian corridor from the port to the capital to allow fuel and medicine deliveries[12]. KSRelief has also engaged with the UN Office for Coordination of Humanitarian Affairs (OCHA) to support logistics: in 2019–2020 KSRelief provided funding to WFP and WHO to procure medicines and to run a network of ambulances and mobile clinics, effectively subcontracting the physical delivery to neutral operators but using Saudi resources. There are instances of KSRelief sending its own convoys – such as a 2021 convoy of 60 trucks carrying food, shelter and medical supplies that crossed from Saudi Arabia into Yemen's Al-Jawf and Marib regions as part of a "land bridge" relief effort[13]. Saudi media highlighted that this was coordinated with local authorities and came under a broader ceasefire understanding.

Not all efforts have been smooth. The Saudi-led coalition's enforcement of import restrictions (a de facto blockade for security reasons) significantly hindered fuel and medical imports at times, contributing to hospital power outages. Humanitarian diplomacy has thus also meant advocacy *toward* Saudi Arabia by the UN and U.S. to relax these restrictions for humanitarian shipments[12]. By 2022-2023, recognizing the humanitarian toll, Saudi Arabia took steps like allowing more fuel ships into Hodeida port and working with the U.N. to establish a mechanism for screening and clearing cargo. One could argue that external diplomatic pressure plus Saudi's desire to

improve its international standing led to these adjustments – a form of *reverse* humanitarian diplomacy where Saudi itself was the target of negotiation to alter its policies for health reasons.

Protection of Healthcare Workers and Facilities: Yemen has seen over 142 attacks on medical facilities and numerous assaults on health workers since 2015[8]. Part of humanitarian health diplomacy entails creating norms and guarantees for the safety of health services. Saudi Arabia officially endorsed U.N. Security Council Resolution 2286 (2016) calling for the protection of medical care in conflict. In practice, however, airstrikes by the Saudi-led coalition did hit hospitals (e.g., Abs hospital in 2016, a cholera treatment center in 2018), straining credibility. KSRelief, not being a military entity, has sought to distance itself from such incidents and has even funded the reconstruction of some damaged hospitals (like Al-Sadaqah hospital in Aden and a prosthetics center in Sana'a). Diplomatically, Saudi Arabia has used forums like the Riyadh Humanitarian Forums to stress its commitment to medical neutrality. At the 2023 Riyadh International Humanitarian Forum, Saudi Foreign Minister Prince Faisal bin Farhan specifically "praised KSRelief's efforts to champion humanitarian diplomacy in conflict areas" and noted that "humanitarian diplomacy is very important in conflict areas…KSRelief has been playing a crucial role in preserving values"[10]. While a general statement, this can be read as Saudi's acknowledgment that it must uphold international humanitarian principles. Indeed, Saudi representatives claim that the *Jeddah Declaration* of May 2023 (a short-lived agreement between Sudan's warring sides which Saudi co-brokered) was modeled after similar commitments in Yemen to protect civilians and aid delivery[12].

On the ground, KSRelief-funded clinics often rely on local Yemeni health workers. Many of these workers went unpaid for years as Yemen's public payroll collapsed. KSRelief diplomatically coordinated with the WHO to create an incentive payment system, thereby quietly circumventing political impediments to pay health staff regardless of area. By paying stipends to doctors and nurses in both government and Houthi areas through WHO, they maintained a degree of neutrality. Protection also involves community acceptance: KSRelief projects usually engage local tribal leaders or community committees to ensure support, which is an informal but critical part of humanitarian diplomacy in Yemen's context.

In summary, **Yemen's case** illustrates HHD as both high-level and grassroots diplomacy. High-level, in negotiating airlifts, ceasefires for vaccination, and agreements on aid corridors – Saudi Arabia's role here has been paradoxical but pivotal. Grassroots, in working through UN partners to reach communities and in building trust with local authorities for health projects to proceed. The outcome has been mixed: On one hand, millions of Yemeni children have been vaccinated through special campaigns and outbreaks like cholera and diphtheria have been somewhat contained with international support, to which Saudi contributions were central[7]. On the other hand, the persistence of conflict and occasional politicization of aid (accusations that one side or the other manipulates aid) limit the reach of HHD. Nonetheless, Yemen demonstrates that even amidst an active war, humanitarian health diplomacy – whether via formal negotiations or persistent engagement – can carve out spaces of health service provision. The experience has also likely informed how Saudi Arabia approaches other crises, having learned hard lessons on the necessity of neutrality and the complexity of dual roles.

Syria: Saudi Support for Health Across Frontlines

Context: The Syrian conflict, now in its second decade, has ravaged the country's health system. Over 12 million Syrians are in need of medical assistance, and more than half of health facilities have at some point been non-functional due to damage, shortages, or mass displacement of

health professionals[1]. Syria presents a multifaceted challenge for humanitarian health diplomacy because the country is effectively divided into zones controlled by different parties: the Syrian government (recognized by the UN) holds most territory, while opposition groups (with Turkish backing) hold parts of the northwest, and Kurdish-led authorities hold the northeast. From 2012 onward, cross-border humanitarian operations from Turkey, Jordan, and Iraq – authorized by UN Security Council resolutions – became a lifeline for areas outside Damascus's control. Saudi Arabia's stance on Syria also evolved: it was an ardent supporter of the opposition early on, severing ties with the Assad government, but by 2023 Riyadh moved toward rapprochement, supporting Syria's reintegration into the Arab League[11]. This shift set the stage for Saudi engagement in health diplomacy on two fronts: continuing to aid opposition-held areas (primarily via partners) and beginning to directly assist the Syrian population through government channels post-reconciliation.

Field Hospitals and Cross-Border Aid (2012–2021): During the peak of conflict, Saudi Arabia financed medical relief mainly through international and Syrian NGOs. In Jordan's Zaatari camp for Syrian refugees, KSRelief established and ran clinics that by 2024 had treated thousands of patients, including specialized care like ENT treatments[1]. This was technically outside Syria but served displaced Syrians and built KSRelief'sexpertise in conflict healthcare. More directly inside Syria, Saudi funds channeled via KSRelief and the Saudi Fund for Development supported trauma hospitals in opposition areas and the supply of ambulances and medicines. Because Saudi personnel could not operate on the ground in rebel areas, the humanitarian diplomacy aspect here involved funding and coordinating through the UN and trusted NGOs. For example, KSRelief's partnership with WHO in northwest Syria: In late 2024, KSRelief pledged US$4.75 million to WHO to sustain 50 health facilities (including dialysis and TB centers) in Idlib and Aleppo provinces[7]. This funding covered staff salaries, medical supplies, and disease surveillance in a region where 4 million people require aid, and it explicitly aimed to fill critical gaps amidst funding shortfalls[7]. WHO officials lauded KSRelief's "incredible commitment" to the people of northwest Syria through this partnership[7], and crucially, this aid was delivered cross-border from Turkey under UN coordination, because the Syrian government does not control that area. The diplomatic nuance is that Saudi Arabia, despite not having direct relations with the local de-facto authorities in Idlib (some of whom are extremist factions), could effectively support health services by empowering WHO as a neutral intermediary. In doing so, Saudi contributed to the continuity of health care in an opposition enclave, a humanitarian outcome achieved via multilateral diplomacy rather than direct negotiation with fighters.

Saudi Arabia also played a role in global diplomatic efforts to preserve the UN cross-border mechanism for Syria. When Security Council renewals of the cross-border resolution faced veto threats, Saudi diplomats (often in concert with other OIC or Western states) lobbied for extensions, citing humanitarian necessity. This behind-the-scenes advocacy is part of HHD at the political level – ensuring that legal access routes for health aid remain open. Although Russia (backing Syria's government) reduced the number of border crossings over time, the mechanism has remained in place (most recently through Bab al-Hawa crossing) in part due to broad international pressure, to which Saudi was a party.

Additionally, KSRelief engaged with Syrian diaspora NGOs to deliver aid into besieged or hard-to-reach areas. Such operations often required local truces or permissions from armed groups. For example, Eastern Ghouta (near Damascus) suffered a long siege; Saudi-funded charities reportedly helped support underground clinics there by sending funds and supplies through

intermediaries. While details are scarce, it is reasonable to assume KSRelief had to navigate legal and political constraints (avoiding terror financing allegations while reaching civilians under an enemy regime). By utilizing third-party channels and emphasizing the humanitarian nature of assistance, Saudi Arabia managed to contribute significantly to health relief in Syria without direct confrontation with Damascus for much of the war.

Re-engagement and Support via Damascus (2023–present): The landscape shifted after 2023 as Saudi Arabia pursued normalization with the Assad government as part of a regional diplomatic realignment (including a Chinese-brokered Saudi-Iran détente)[11]. In mid-2023, Saudi Arabia reopened its embassy in Damascus and by May, it was instrumental in Syria's readmission to the Arab League[11]. This opened a new avenue for humanitarian health diplomacy: directly engaging the Syrian government on relief needs. In early January 2025, a high-level KSRelief delegation visited Damascus – a striking development given Saudi's prior hostility to Assad's regime[13]. The delegation, accompanied by Syrian Ministry of Health officials, toured major hospitals in Damascus and other cities to "assess basic needs" and discuss support[13]. They met Syria's Health Minister and agreed on field visits to identify priority interventions[13]. This visit exemplifies official diplomatic engagement for humanitarian health: Saudi and Syrian officials sitting together to plan aid, signalling a blend of political reconciliation and humanitarian intent.

During the same period, Saudi Arabia launched large-scale relief operations for Syria, partly in response to new emergencies. Following the devastating Feb 2023 earthquake in northern Syria (and Turkey), KSRelief was among the first to send aid planes to government-held Aleppo and also supported quake relief in rebel-held Idlib through NGOs. KSRelief's Supervisor-General Dr. Al-Rabeeah announced a $4.75 million contribution to WHO post-quake to provide medications and restore health services for 350,000 Syrians, with an estimated 4.1 million ultimately benefiting from restored diagnostics and ambulances[3]. These figures, matching the WHO funding agreement of May 2024, illustrate a concrete HHD outcome: supporting health system recovery as part of disaster response, which also served as a confidence-building measure with Syria's government. Indeed, Syrian officials publicly appreciated Saudi aid after the earthquake, smoothing the path for further cooperation.

By late 2024, Saudi Arabia had sent multiple relief flights and overland convoys to Syria. A "Saudi relief air bridge" delivered tons of medical equipment, food, and shelter supplies to Damascus and Latakia, while a land convoy of 60 trucks entered from Jordan carrying aid to southern Syria[13]. Such operations required coordination with Syrian authorities and Jordanian facilitators – essentially diplomatic clearance for humanitarian passage. The scale (six Saudi planes and dozens of trucks) and publicity signaled a diplomatic message of solidarity. More subtly, it marked Saudi Arabia reasserting itself as a benefactor to the Syrian people in all areas, possibly to counter Iranian influence.

KSRelief has also launched a *volunteer medical program* for Syria. Announced in January 2025 during the Damascus meetings, the "Saudi Voluntary Program for Syrians (AMAL)" invites Saudi medical professionals to volunteer in Syrian hospitals for up to a year, covering over 20 specialties[13]. This initiative is innovative in blending humanitarian aid with medical diplomacy: Saudi doctors working side by side with Syrian peers could not only alleviate workforce shortages but also build goodwill at the person-to-person level. To implement this, KSRelief must coordinate licensing and security with the Syrian government – a clear exercise of health diplomacy. The program aims to reach various regions of Syria, indicating that as trust builds,

Saudi volunteers might even serve in areas outside regime control in partnership with NGOs. The symbolism of Gulf doctors treating Syrian patients is powerful and likely intended to mend relations between nations through compassionate action.

Challenges and Notable Outcomes: Saudi Arabia's health engagements in Syria, whether cross-border or through Damascus, have achieved some notable outcomes: - Lifesaving health services in NW Syria were sustained in 2023–2024 largely due to donor contributions like KSRelief's, especially when other funding waned[7]. Over a million patient consultations, including dialysis for 1,200 patients monthly, and emergency surgeries, continued in Idlib thanks to these efforts[7]. - In government-held areas, the Saudi aid influx post-2023 helped re-equip hospitals that had faced sanctions-related shortages. For example, Saudi donated dialysis machines to Aleppo and pediatric medications that were in short supply (as reported by Syrian state media thanking KSRelief). - The diplomacy surrounding Syria's return to the Arab fold, in which health aid played a part, has potentially unlocked broader benefits. The Arab League's engagement plan for Syria includes humanitarian clauses, and Saudi Arabia has advocated for more inclusive approaches (e.g., encouraging Syria to cooperate on aid distribution to all communities). At the Riyadh Humanitarian Forum in 2025, WHO's Director-General Tedros Ghebreyesus praised Saudi Arabia for its "humanitarian diplomacy in conflict areas such as ... Syria"[10], which suggests that Saudi's pivot to a peace-builder role is being recognized internationally.

However, challenges persist: - In opposition areas, Saudi Arabia must carefully navigate the risk of aid diversion to militant groups. Its reliance on UN system mitigates this, but there are still security incidents (for instance, clinics occasionally had to close due to nearby hostilities by extremist factions). - The Syrian government, while now cooperative, remains under some international sanctions and scrutiny. Saudi Arabia's engagement through Damascus could face backlash if seen as bolstering a regime accused of war crimes. Thus, Saudi frames its aid as purely humanitarian and has urged Syria to allow aid to reach everywhere (even Idlib) as a condition of continued support. This is a delicate diplomatic dance. - Coordination with other donors: Saudi is now one among several actors in Syria (with Qatar, Turkey, Western donors all involved). Ensuring efforts are complementary and not politically skewed is an ongoing process through UN cluster coordination and Arab League channels.

In summation, **Syria's case**showcases Saudi Arabia utilizing humanitarian health diplomacy both in a conflict and a post-conflict reconciliation context. Initially, through multilateral diplomacy, Saudi supported cross-border health aid to Syrians in need, thereby indirectly negotiating access via UN resolution. Later, through direct bilateral diplomacy with Damascus, Saudi sought to strengthen Syria's battered health system and promote unimpeded humanitarian access countrywide. The convergence of these tracks demonstrates the flexibility of HHD: it can be adapted as conflicts evolve, from adversarial to cooperative modes. For Saudi Arabia, supporting health in Syria has not only alleviated suffering but also served a strategic narrative of being a unifying Arab leader and peace-promoter. It highlights that beyond immediate relief, humanitarian health diplomacy can contribute to repairing interstate relationships (health interventions as olive branches) and to shaping post-conflict reconstruction priorities.

Sudan: Facilitating Health Response Amid Fragile Transitions

Context: Sudan has long had a fragile health system, stretched by economic hardships and localized conflicts. In April 2023, full-scale warfare erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), turning Khartoum and several regions into

battlegrounds. The sudden conflict led to the collapse of services in the capital and a massive displacement of over 5 million people internally and as refugees into neighboring countries. By mid-2023, an estimated **two-thirds of Sudan's main hospitals were out of service**, either due to direct attacks, occupation by fighters, or lack of supplies[1]. Millions were left without access to emergency care or chronic disease treatment. Unlike Yemen or Syria, in Sudan Saudi Arabia is not a combatant but has deep strategic interests (Red Sea security, regional stability). Saudi Arabia, together with the United States, took a lead role in mediating between the SAF and RSF, hosting negotiations in Jeddah. Concurrently, Saudi Arabia spearheaded a humanitarian response, coordinating evacuations and aid for Sudanese civilians. This dual mediator-donor role positioned Saudi uniquely to practice humanitarian health diplomacy: it had the ear of both conflict parties and the capacity to mobilize aid, including critical health support.

Evacuations and Immediate Relief Efforts: In the initial weeks of the conflict, Saudi Arabia conducted a large maritime evacuation operation, transporting not just its own nationals but over 8,000 people of 110 nationalities from Port Sudan to Jeddah via navy ships[12]. Among those evacuated were injured civilians and international aid workers. Saudi Arabia's coordination with both warring factions to allow safe passage to Port Sudan was an act of humanitarian diplomacy, likely facilitated by Saudi's neutral stance and communication channels with the generals. In Jeddah, Saudi authorities set up triage and medical care for evacuees, effectively turning the evacuation into a humanitarian corridor. This earned Riyadh international praise and built trust with Sudanese stakeholders that Saudi's intentions were humanitarian.

KSRelief quickly launched a relief campaign, raising funds domestically and dispatching aid to Sudan and to refugee-hosting countries (Chad, Egypt, South Sudan). Notably, a series of Saudi relief flights delivered medical supplies to Port Sudan, which remained under government control and became the main entry for aid. Saudi Arabia's King and Crown Prince ordered a national fundraising drive ("Sahem for Sudan") which collected over $100 million, channeled through KSRelief for emergency assistance[12]. KSRelief's Supervisor-General Dr. Al-Rabeeah highlighted that these efforts were a moral imperative and part of Saudi's duty towards a "brotherly nation"[12]. In terms of health, the immediate focus was on trauma kits for conflict-wounded and maintaining services like dialysis which were life-or-death for thousands of patients.

Strengthening Fragile Health Systems and Refugee Health: As the Sudan conflict dragged on, health diplomacy shifted to ensuring continuity of essential health functions, particularly for those who fled. Sudan's dialysis treatment capacity was severely disrupted – with power outages and supply chain breaks – putting many patients at acute risk. In response, in May 2024, KSRelief signed an agreement with WHO dedicating $5 million to support dialysis treatment across Sudan[16]. This project included procuring 100 new dialysis machines and supplies to bolster 77 renal dialysis centers, many of which had been partially functional[16]. By filling this gap, Saudi Arabia addressed a dire need identified by Sudanese doctors and the International Society of Nephrology, which noted around 8,000 Sudanese require regular dialysis to survive[1]. The diplomacy aspect involved coordinating with Sudan's Federal Ministry of Health (which, despite the conflict, had a skeleton presence in Port Sudan) and ensuring both SAF and RSF would respect the delivery of these machines to hospitals in various cities. Given Saudi Arabia's leverage as mediator (the warring parties were literally meeting in Jeddah under Saudi/U.S. facilitation), Saudi diplomats could press them to allow humanitarian shipments through. Indeed, the *Jeddah Declaration of May 2023* that both parties signed committed them to protect civilians

and facilitate humanitarian action[12]. Saudi's role in extracting that commitment, and later referencing it in international forums, was a clear exercise of humanitarian diplomacy. Dr. Al-Rabeeah told the UN in Sept 2024, "The Jeddah Declaration was the first step, aiming to ensure the protection of civilians and the delivery of urgent relief aid"[12], linking Saudi's mediation to tangible humanitarian objectives.

For refugees, Saudi Arabia extended its health diplomacy beyond Sudan's borders. By early 2024, over 300,000 Sudanese refugees had entered Chad and about 400,000 fled to Egypt. Recognizing the strain on neighboring countries, KSRelief collaborated with UNHCR and WHO in those settings. One example is the **joint project between Saudi Arabia, WHO-Egypt, and the Egyptian government** to provide dialysis for Sudanese refugees in Egypt[7]. In February 2025, WHO and KSRelief announced a $3.6 million program to fund dialysis treatment for up to 1,000 displaced Sudanese patients now sheltering in Egypt[7]. This extraordinary measure highlights how Saudi's humanitarian health efforts adapted: since many patients had fled Sudan, care had to follow them abroad. Setting up services in a third country required diplomatic agreement – Saudi Arabia negotiated with Egypt's Ministry of Health and WHO's office in Cairo to integrate these refugees into local healthcare temporarily. Similarly, in Chad, KSRelief provided support for field clinics in refugee camps, working alongside Médecins Sans Frontières and UNICEF.

Additionally, KSRelief and the Saudi Foreign Ministry coordinated with the UK and other donors to fund cholera prevention in Sudan's refugee-concentrated areas. A *tripartite initiative* with the UK's Foreign, Commonwealth and Development Office injected $9.16 million jointly to combat disease outbreaks among those affected by the Sudan crisis[12]. Such multilateral funding arrangements are as much about diplomacy as aid – they signal a unified approach and share the burden. By co-funding projects, Saudi Arabia demonstrated leadership and built partnerships, an embodiment of SDG17 in action.

Humanitarian Diplomacy in Mediation Efforts: Saudi Arabia's convening of peace talks in Jeddah throughout 2023 kept humanitarian issues at the forefront of the agenda. Although multiple ceasefires brokered by Saudi and U.S. mediators collapsed, they did yield short lulls where aid moved. Importantly, a monitoring mechanism was set up to note violations against humanitarian provisions, giving an advocacy tool to call out parties impeding health access. Saudi Arabia's high-level statements increasingly emphasized neutrality and impartial aid. At the UN General Assembly side event in Sept 2024, Dr. Al-Rabeeah appealed for collective support to ensure "unrestricted humanitarian aid and safe, unhindered access to conflict-affected areas"[12]. He urged that the response in Sudan be kept "away from political considerations…it is a humanitarian tragedy that requires transcending divisions"[12]. This rhetoric served to pressure both Sudanese factions (and their international backers) to respect humanitarian principles, essentially using diplomacy to shield humanitarian space.

The results of these efforts are evident in gradual improvements: for example, in late 2024 a brief ceasefire allowed WHO to deliver 38 tons of medical supplies in Khartoum and run a vaccination campaign against measles and polio targeting thousands of children who had missed routine immunizations. While tenuous, these windows were carved out by relentless negotiation in which Saudi and U.S. envoys reminded both sides of their earlier pledges in Jeddah and leveraged their relationships (Saudi's particularly with the SAF leadership and tribal networks, and the RSF indirectly through regional partners) to insist on humanitarian pauses.

KSRelief's Institutional Adaptation: Sudan's crisis has prompted KSRelief to institutionalize aspects of HHD internally. KSRelief established a dedicated *Sudan Task Force* that meets with international agencies and donor governments frequently, effectively becoming a diplomatic cell within the organization. This task force coordinates with the Saudi Ministry of Foreign Affairs, demonstrating integration of humanitarian and diplomatic work at the operational level. For instance, when evacuations were underway, KSRelief had liaison officers working with the Saudi Navy and MOFA to identify medical evacuees and arrange their care on arrival – blending military, diplomatic and humanitarian coordination. Saudi Arabia's experience from Yemen (needing to deconflict aid and military action) likely informed this integrated approach in Sudan.
By the one-year mark of Sudan's war (April 2024), Saudi Arabia had "implemented more than 70 humanitarian projects [in Sudan] since April 2023 at a cost exceeding $73 million, in collaboration with UN organizations and others"[12]. Many of these projects revolve around health: mobile clinics, vaccination drives for children in camps, psychosocial support for war-traumatized families (often overlooked but critical for well-being). Saudi Arabia's ability to ramp up so many projects quickly was facilitated by its diplomatic clout in convening partners. For example, Saudi co-chaired (with Qatar, Egypt and others) a donors' conference for Sudan in June 2023 which raised hundreds of millions; it used that platform to advocate funding health and food sectors immediately.
In conclusion, **Sudan's case** highlights the strength of humanitarian health diplomacy when the actor (Saudi Arabia) has both diplomatic leverage over the warring parties and substantial resources to offer. Saudi Arabia's mediation efforts were intertwined with its humanitarian objectives – the ceasefire agreements it brokered explicitly included health and aid access clauses. Its humanitarian aid, in turn, buttressed its mediation credibility by showcasing commitment to the welfare of Sudanese civilians. Tangibly, health diplomacy led to life-saving impacts: dialysis centers staying open, disease outbreaks being checked, refugees receiving care, and a degree of respect (though imperfect) for humanitarian operations on the ground. The main weakness has been that without a sustained ceasefire, these achievements remain fragile and localized. Saudi Arabia's calls for "collective action" indicate recognition that one nation's diplomacy is not enough – the wider international community and regional actors must also support and pressure for compliance with humanitarian norms. Nonetheless, the Saudi-led HHD in Sudan demonstrates a model where a country leverages its mediation role to also champion humanitarian corridors and services, aligning peace negotiation with public health needs.

5. Discussion

The case studies of Yemen, Syria, and Sudan reveal both the potential and limitations of Humanitarian Health Diplomacy as a tool for ensuring health access in conflict zones. Several **common themes** and **lessons** emerge:

1. HHD can yield concrete health benefits even amid conflict, but it requires persistent negotiation and flexibility. In all three cases, we saw that diplomatic engagement – whether through formal agreements or informal understandings – enabled critical health interventions that would otherwise have been impossible. Ceasefires for vaccination in Yemen led to millions of children immunized against polio and measles, likely preventing severe disease outbreaks[16]. Negotiated cross-border access in Syria sustained primary care and dialysis for thousands in rebel-held areas[7]. Humanitarian pauses in Sudan allowed some medical deliveries and continuity of chronic treatments[12]. These are very tangible outcomes: lives saved, diseases contained,

systems propped up. However, achieving them was not a one-time effort; it entailed continuous dialogue, adaptation to evolving frontlines, and sometimes repeated breakdowns and restarts (e.g., multiple failed ceasefires before a successful immunization round). This underscores that HHD is not a *quick fix* but a process that demands stamina and often works in incremental steps. It also often hinges on personal relationships and trust built by negotiators with conflict actors – an intangible yet crucial element. For Saudi's KSRelief, having cultural and regional proximity may have aided in establishing rapport with local authorities, something Western actors sometimes struggle with. Thus, HHD practitioners must be ready to adjust tactics (from high-level diplomatic pressure to local community mediation) and sustain engagement over the long haul.

2. Neutrality and impartiality are both the strength and the Achilles' heel of HHD. A recurring point in our analysis is the importance of humanitarian principles (neutrality, impartiality, independence) as enablers of health diplomacy. Saudi officials themselves acknowledged that impartiality is key for humanitarian diplomacy to work[10]. When KSRelief partnered with WHO to deliver aid in Syria or Yemen, it essentially invested in a neutral mechanism to reach people on all sides[7]. This principle-based approach often convinced parties to accept interventions that did not threaten their military stance. For example, even the Houthis, who are distrustful of Saudi intentions, allowed WHO/KSRelief vaccination campaigns since those clearly benefited their own population's children[7]. Neutral framing of aid helps depoliticize it, opening doors. On the other hand, adherence to neutrality can also limit diplomatic leverage. Saudi Arabia in Yemen, as a belligerent, struggled to be seen as neutral; this at times hampered KSRelief's ability to operate in Houthi areas (some Houthis initially rejected aid marked with KSRelief logos, seeing it as enemy assistance). Similarly, global humanitarian diplomacy efforts like UN Resolution 2286 (protecting health care) suffer when warring parties perceive aid workers as aligned with foes. The cases show that one solution is working through multilateral channels to bolster neutrality – e.g., Saudi funding through UN pooled funds, or using Red Crescent societies as intermediaries – to build confidence. Yet it's a delicate balance: neutrality might require not using armed escorts or not sharing certain information with military allies, which can create tensions for a donor that is also a security actor. Thus, HHD's effectiveness often depends on scrupulous maintenance of humanitarian principles, which can be challenging but is ultimately the source of access and safety.

3. Comparative Perspective – Saudi HHD vs. EU/US approaches: Comparing Saudi Arabia's approach to that of Western actors reveals both convergence and divergence. Western humanitarian health diplomacy (e.g., by the EU or US) typically operates through strong support of multilateral institutions and advocacy for international norms. For instance, the EU has been a staunch advocate of IHL compliance and has special envoys or units focusing on humanitarian affairs. EU/ECHO's humanitarian diplomacy often takes a technocratic route – leveraging funding conditionalities and UN resolutions. The US, through its *Global Health Diplomacy* office in the State Department, tends to integrate health goals into broader foreign policy, as seen in initiatives like PEPFAR (where health aid is used to foster goodwill) or in negotiating with governments on global health security. In conflict zones, however, Western actors sometimes face access problems due to political baggage (e.g., suspicion of espionage, as occurred in Pakistan after the CIA vaccination ruse[8]). Saudi Arabia, as highlighted, might have had fewer such constraints in places like Sudan or Syria, where it could engage parties that distrust the West. One could argue Saudi's Islamic and regional identity gave it comparative advantage in

mediating local deals (e.g., engaging tribal leaders in Yemen or being acceptable to the Sudanese Islamists). On the flip side, Western actors usually have more institutionalized frameworks and professionalized training for humanitarian diplomacy (for example, the US-led Humanitarian Access Working Group in the UN system, or EU's extensive guidelines for humanitarian negotiations). Saudi's KSRelief is newer on the scene and has been learning by doing.

An interesting comparative point is resource deployment: Saudi Arabia often matches or exceeds Western donors in per-capita aid in these contexts (it gave over $1B to Yemen in some years, rivaling US/EU contributions) but it also directly implements some programs. The US/EU typically fund UN/NGOs to implement, rarely running their own operations. KSRelief does both – it funds UN efforts *and* sends its own medical teams or convoys. This hybrid approach can be beneficial in flexibility but can also risk duplication or lack of coordination. Saudi Arabia has shown willingness to coordinate (as seen in multi-donor initiatives in Sudan), which is positive. But some critiques have arisen (for example, Western NGOs have occasionally noted Saudi aid can be very bilateral and tied to political events). As Saudi further institutionalizes its approach, it seems to be aligning more with best practices – the Riyadh Humanitarian Forum itself is an attempt to engage with the global community on these issues, and statements from that event mirror language used by EU and UN leaders about neutrality and collective action[10].

4. Strengths and Weaknesses of HHD as a Tool: - *Strengths:* HHD, when executed well, can *open humanitarian space* in otherwise inaccessible areas. It leverages the common interest all sides have (at least rhetorically) in health and human life. Our cases showed that even hostile parties could agree on something like polio vaccines, which is a testament to health as a unifying concern. HHD can also serve as a confidence-building measure in peace processes – small agreements on health pave the way for bigger political agreements. For instance, the medical air bridge in Yemen in 2020 was considered a trust-building step in UN peace talks[6]. Additionally, HHD often has a multiplier effect: one negotiated access (say a corridor) can allow multiple aid sectors to move, not just health supplies. So it can be an entry point for broader relief. For a country like Saudi Arabia, engaging in HHD has also bolstered its international image as a compassionate actor, which strengthens its soft power. This feedback loop can incentivize continued or expanded humanitarian diplomacy. - *Weaknesses:* However, HHD cannot overcome fundamental political blockades by itself. If parties see strategic advantage in denying aid or attacking healthcare (as a tactic to weaken enemy support), pure humanitarian argument may fall on deaf ears. We saw limitations in Yemen where numerous clinics were attacked despite advocacy, or in Sudan where ceasefires kept collapsing due to mistrust. HHD also runs the risk of being used by belligerents for PR, without sincere compliance – e.g., parties sign agreements to appease donors but then continue obstructing aid. Another weakness is that HHD often addresses symptoms (lack of access) rather than causes (the conflict itself). Without parallel conflict resolution progress, HHD can be akin to repeatedly patching a wound that keeps getting reopened. Furthermore, those engaging in HHD can at times face accusations of partiality – e.g., if they negotiate with one side more than the other or if aid gets skewed. This requires careful balancing and transparency.

5. Saudi Arabia's Unique Contributions and Limitations: Saudi Arabia's involvement via KSRelief adds an interesting dimension to HHD practice. A unique contribution is Saudi's ability to bridge Islamic and Western spheres. For example, in promoting polio eradication or health security, Saudi Arabia can engage the Organization of Islamic Cooperation or religious scholars to endorse vaccinations, countering extremist narratives that hamper campaigns (like

those faced in Pakistan/Nigeria)[8]. This kind of cultural brokerage is valuable and something Western diplomats cannot easily do. Also, Saudi's deep pockets and willingness to fund large appeals (it reaffirmed a $500 million pledge to GAVI for global polio eradication in 2025)[7] keep crucial health initiatives going. In our cases, Saudi money literally kept hospitals running and vaccines flowing when others fell short. That financial clout, paired with active diplomacy, is a powerful combo.

On the limitations side, Saudi Arabia's direct involvement in certain conflicts (Yemen especially) complicates its humanitarian role. In Yemen, critics have accused Saudi Arabia of using aid as a "bargaining chip" or a way to mitigate international criticism while continuing military operations[12]. This perception can undermine trust – a cornerstone of effective HHD. Moreover, Saudi Arabia's humanitarian sector is relatively young; KSRelief was founded only in 2015. It lacks the decades of field experience of, say, the ICRC or MSF in negotiating with armed groups. There may be capacity and expertise gaps, though Saudi often compensates by partnering with seasoned organizations (like ICRC, WHO). Another limitation is that Saudi foreign policy interests could limit where it engages in HHD – for instance, if a crisis involves a government it opposes, would it engage? (In Syria, it did eventually, but only after a political decision to reconcile.) Western humanitarians often pride themselves on "need-based" action irrespective of politics; for state actors, that is more complicated. Saudi's prioritization of crises where it has strategic interest (the three we discussed are all within its sphere) is understandable but means some other crises might not get the same attention.

Comparative Analysis with Other HHD Initiatives: It is instructive to briefly compare to, say, Turkey's role in Syria or Qatar's in Afghanistan. Turkey similarly used HHD to get aid into northern Syria and even provided cross-border medical evacuations. Qatar has mediated with the Taliban on female health worker access to clinics. These regional players, like Saudi, often succeed through a mix of cultural/religious affinity and strategic leverage. Meanwhile, traditional powers often work through UN agencies, applying pressure via sanctions or UNSC. Both approaches have their wins and pitfalls. A synergy is emerging where regional actors like Saudi take lead in their neighborhoods (with credibility and contacts), supported by global frameworks and funding from wider coalitions.

Ultimately, the success of humanitarian health diplomacy hinges on a confluence of the right actors, timing, and sustained commitment. Saudi Arabia's case studies highlight that when a nation invests diplomatically and financially in humanitarian outcomes, it can indeed make a difference on the ground. Yet, it also shows that HHD is not a substitute for peace – it can alleviate suffering and build trust, but it cannot end wars on its own. That said, the incremental gains from HHD (vaccinated children, functional clinics, dialogue channels kept open) are invaluable in preserving human capital and hope until larger conflict resolutions take hold.

6. Policy Implications and Recommendations

The findings from this study have several policy implications for both Saudi Arabia (particularly KSRelief) and the broader international community. By institutionalizing and scaling effective humanitarian health diplomacy practices, stakeholders can better safeguard health in conflicts and contribute to global goals like the Sustainable Development Goals (SDGs).

For KSRelief and Saudi Arabia:

- **Institutionalize HHD within KSRelief's Operations:**KSRelief should establish a dedicated *Humanitarian Diplomacy Unit* tasked with negotiating access and coordinating

with diplomatic channels. This unit could be staffed with experts in negotiation, conflict analysis, and international law, working closely with the Saudi Ministry of Foreign Affairs. Currently, KSRelief's efforts in diplomacy have been ad-hoc; formalizing them will ensure systematic engagement. Training programs on humanitarian negotiation (potentially in partnership with ICRC's Humanitarian Negotiation Initiative or the UN) should be provided to KSRelief field staff and leadership. By strengthening these capacities, KSRelief can more proactively negotiate safe corridors, days of tranquility, and agreements for healthcare protection, rather than reactively doing so after crises emerge.

- **Develop Clear Guidelines and Mandates:** It is important for KSRelief to have a clear mandate on how far it can go in engaging non-state actors or sanctioned groups for humanitarian aims. Guidelines consistent with IHL and Saudi's laws should be drawn so that staff have clarity on, for example, whether they can talk to a de facto authority like Houthis or armed militias for negotiating vaccine access. Having this clarity can speed up decision-making in crises and avoid delays due to political hesitancy. Additionally, a *code of conduct* on humanitarian principles (neutrality, impartiality) should be reinforced in KSRelief operations, to bolster credibility. Prince Faisal's remarks about preserving humanitarian values[10] need to be translated into operational policy – e.g., ensuring KSRelief aid is not accompanied by political messaging, and that aid is based on need alone.
- **Leverage Saudi Diplomatic Influence for Health Causes:** Saudi Arabia has significant clout in multilateral fora (UN, G20, OIC). It should continue to use these platforms to advocate for health access in conflict zones. For instance, Saudi Arabia could champion resolutions or statements at the OIC that commit all member states to facilitating humanitarian health work, or push for an SDG Summit pledge on protecting health workers in conflicts. At the UN Security Council (where Saudi is not a permanent member but is an influential voice), it can work with allies to keep attention on situations like attacks on hospitals (perhaps calling for an annual UNSC briefing on implementation of Resolution 2286). Within the G20's health working group, Saudi could initiate discussions on "health in crises" to mainstream the issue. Such steps would amplify the norm-setting aspect of HHD globally.
- **Expand Partnerships with UN and NGOs:** While KSRelief has collaborated well with WHO, UNICEF, and UNHCR as evidenced in the cases, it could deepen these partnerships through formal agreements or joint initiatives focusing on HHD. For example, Saudi Arabia and WHO might co-convene a "Health Diplomacy Task Force" for Yemen or Sudan that meets regularly to troubleshoot access issues. With ICRC and MSF, KSRelief could arrange secondments or exchanges so that Saudi staff learn from seasoned humanitarian negotiators. Also, supporting local NGOs and community health workers in conflict zones is key – KSRelief should fund and empower such actors (who often have greatest access) while using its diplomacy to back them up when they face interference. This multi-level partnership approach aligns with SDG17 (Partnerships for the Goals), recognizing that no single entity can handle complex crises alone.
- **Integrate HHD into Saudi Foreign Policy Training:** Saudi diplomats going to conflict-affected postings should be sensitized to humanitarian health issues. The Foreign Ministry's diplomatic institute could include modules on humanitarian principles and

case studies like those in this paper. This would prepare diplomats to liaise effectively with KSRelief and aid agencies in the field. It also signals that Saudi's foreign policy priorities include humanitarian outcomes, which can improve its global standing (soft power). Having humanitarian-focused attaches in embassies of crisis countries (e.g., a health/humanitarian liaison in the Saudi embassy in Sudan or Yemen's mission in Riyadh) can also facilitate smoother coordination between political and aid efforts.

For the United Nations, WHO, and International Community:

- **Integrate HHD in Humanitarian Response Strategies:** UN OCHA and WHO, when developing humanitarian response plans (HRPs) for conflicts, should explicitly incorporate a humanitarian diplomacy strategy. This means identifying early on what access challenges exist and which actors (states or organizations) have leverage to address them. For example, in Yemen's HRP, alongside listing health supply needs, there should be a section on "Humanitarian access and diplomacy" outlining plans for days of tranquility for immunization, negotiations needed for opening routes, etc. Donors should fund this aspect too – financing positions like humanitarian access advisors in-country. The presence of a high-level UN humanitarian envoy for a crisis (as was done in Syria with occasional special envoys for humanitarian tasks) can be crucial; Saudi and others can support such appointments and empower them through political backing.
- **Support and Learn from Regional Actors:** Organizations like WHO and UNICEF should continue partnering with regional donors like KSRelief and share best practices. A recommendation is to create a *Community of Practice on Humanitarian Health Diplomacy* under WHO's Health Emergencies Programme, which brings together representatives from major humanitarian donors (US, EU/ECHO, Saudi KSRelief, UAE Red Crescent, etc.) and NGOs to share lessons and coordinate approaches. Given that Saudi's experiences have unique insights (like managing aid while being a conflict party), the international community can learn from that and vice versa. South-South exchanges could be facilitated, for instance, between KSRelief and the African Union's humanitarian wing, or Turkey's AFAD agency, to cross-pollinate HHD methods.
- **Reinforce Legal Frameworks and Accountability:** The international community must strengthen compliance with international humanitarian law as it relates to health. One policy recommendation is to develop an *Optional Protocol* or stronger monitoring mechanism for attacks on healthcare, under the Geneva Conventions or via the World Health Assembly. Saudi Arabia and others can champion this. Accountability for violations (through UN fact-finding missions or sanctions for deliberate hospital bombings) is necessary to deter such actions. In parallel, positive incentives for compliance could be considered: for example, if a warring party consistently allows vaccination campaigns, this could be acknowledged in peace deal provisions or result in partial sanctions relief related to humanitarian goods. While delicate, linking diplomatic carrots and sticks to health access might improve behavior. Saudi-led mediation could incorporate these incentives – e.g., offering additional reconstruction aid if warring factions uphold humanitarian access commitments.
- **Link Humanitarian Health Diplomacy to SDGs:** Achieving SDG 3 (Good Health and Well-Being) in conflict-affected countries is impossible without peace and access. Conversely, progress on health can contribute to SDG 16 (Peace, Justice, Strong Institutions). The UN and development agencies should recognize HHD as a bridge

between emergency relief and sustainable development. For instance, immunization infrastructure maintained through a war will be the backbone for post-war health recovery. Donors at development forums should allocate funding for "resilience through health in conflict" – supporting initiatives like WHO's Health and Peace Initiative[5]. Saudi Arabia, in its G20 presidency in 2020, already emphasized pandemic preparedness; in future multilateral development discussions it could push for including conflict health diplomacy in frameworks for SDG 17 partnerships. One recommendation is to incorporate metrics of humanitarian access (e.g., proportion of population in conflict zones with access to essential health services) as an indicator to monitor under SDG 3 or 16. This would drive home the interdependence of peace and health.

- **Enhance Training and Roster of HHD Specialists:** The UN system and interested governments could invest in developing a roster of trained humanitarian negotiators specialized in health. These experts (possibly seconded from NGOs or foreign services) could be deployed quickly in crises to support local efforts – much like mediators are deployed in peace processes. WHO's Emergency Medical Teams initiative and OCHA's humanitarian civil-military coordination teams could include HHD experts who focus on negotiation rather than direct service. Having such surge capacity would professionalize and mainstream HHD. Saudi Arabia's KSRelief could contribute by funding scholarships for humanitarian diplomacy courses (like those offered in Geneva or Uppsala) for aid workers from conflict regions, building local capacity for negotiation with armed groups for health access.

Policy Linkages to SDG 3 and SDG 17: As noted, HHD advances SDG 3 by preventing health catastrophes in conflict – e.g., controlling polio in Syria contributes to global health security. Simultaneously, HHD inherently embodies SDG 17 (Partnerships) because it requires collaboration across governments, UN, NGOs, and communities. The case of Saudi-WHO partnerships in Yemen and Syria, or Saudi-Western co-funding in Sudan, are exemplars of SDG17 in practice[7][12]. One recommendation is to highlight such partnerships in SDG progress reports to encourage replication. Another linkage is with SDG 16 (Peace, Justice): though not explicitly asked, it's worth noting that HHD fosters peaceful dialogue and can lay groundwork for reconciliation (health projects bringing communities together, etc.). Thus, investing in HHD yields dividends across multiple SDGs.

Recommendations Summary: To encapsulate, Saudi Arabia should formalize and train for humanitarian health diplomacy within KSRelief, maintain strict humanitarian principles, and use its diplomatic muscle to champion health access at regional and global levels. The UN and partners should systematically integrate HHD into response plans, support regional actors' efforts, and push international norms that protect humanitarian health action. Building multi-stakeholder partnerships – uniting donor states, humanitarian agencies, and local actors – is essential, echoing the spirit of SDG 17. By following these recommendations, KSRelief and the international community can better meet immediate health needs and also reinforce a norm that even in war, *health is not a target but a common ground*. This will not only save lives in current conflicts but also strengthen global mechanisms to respond to future crises.

7. Conclusion

Armed conflicts will unfortunately continue to challenge global health and human well-being in the foreseeable future. This study set out to explore how *Humanitarian Health Diplomacy* – the

melding of diplomatic negotiation with humanitarian health action – can strengthen public health responses in conflict zones, through the lens of Saudi Arabia's engagement via KSRelief. Through our case studies of Yemen, Syria, and Sudan, we have seen that when diplomacy and humanitarianism work hand in hand, even seemingly insurmountable barriers to health care can be partially overcome. Vaccines reached besieged communities, hospitals under fire were kept running, and patients in need found pathways to care – all facilitated by dialogues that prioritized human life over political divisions.

Key Insights: We found that Saudi Arabia, a relatively new yet major humanitarian actor, has leveraged its unique position to contribute significantly to humanitarian health diplomacy. In Yemen, Saudi-led negotiations helped establish immunization days and an air bridge for medical evacuations, illustrating how a warring party can still broker humanitarian access when there is will and pressure. In Syria, Saudi Arabia supported health efforts across frontlines, initially through UN cross-border operations and later by engaging the Syrian government directly – demonstrating adaptive diplomacy as political realities evolved. In Sudan, Saudi Arabia's dual role as mediator and donor enabled it to embed humanitarian provisions into ceasefire deals and rally support for urgent health needs like dialysis treatment, showing the impact of aligning peacemaking with lifesaving assistance.

These cases collectively affirm that HHD is a vital tool in the humanitarian arsenal. It *complements* traditional relief by addressing the "political determinants" of health access. Where bombs and blockades stop doctors and vaccines, negotiations and agreements can open the way. Humanitarian health diplomacy thus acts as both a shield and a key – a shield protecting medical missions under the banner of neutrality, and a key unlocking doors to communities in need.

Contributions to Knowledge and Practice: Academically, this research contributes to a deeper understanding of HHD by providing concrete case evidence, particularly highlighting a non-Western actor's role. It fills a gap in literature about Middle Eastern contributions to global health diplomacy, offering a nuanced view of Saudi Arabia not just as a generous donor but as a diplomatic player in humanitarian contexts. It also refines the concept of HHD by distinguishing it from broader health diplomacy and situating it within conflict resolution processes. These insights can inform further scholarly work – for instance, comparative studies of different countries' humanitarian diplomacy models, or research into the long-term outcomes of ceasefires for health on peacebuilding.

Practically, the lessons drawn can guide policymakers and humanitarian leaders. We have proposed actionable recommendations such as establishing dedicated HHD units, training negotiators, strengthening multi-actor partnerships, and integrating humanitarian diplomacy into strategic planning. If adopted, these measures could institutionalize the successes seen in our case studies and avoid having to reinvent the wheel in each new crisis. For KSRelief, in particular, implementing these recommendations could transform it from a reactive aid provider to a proactive diplomatic leader in humanitarian crises. For international agencies and donors, recognizing and collaborating with regional actors like Saudi Arabia could increase the reach and acceptance of humanitarian operations.

Future Research Directions: While this paper has covered significant ground, it also opens several avenues for further inquiry. One area is the *impact evaluation* of humanitarian health diplomacy – beyond anecdotal successes, can we develop metrics to assess how much HHD improves health outcomes or access (e.g., comparing conflict zones with active HHD interventions vs. those without)? Another important research direction is the *local perspective*:

how do affected communities perceive humanitarian health diplomacy? Do they feel more secure when external actors negotiate access, and how do local health workers engage in micro-level negotiations daily (for instance, a local nurse negotiating with a checkpoint guard)? Ethnographic studies in conflict zones could shed light on these grassroots diplomacy efforts.

Additionally, more work is needed on the intersection of gender and HHD – for example, negotiating access for maternal health or the role of women mediators in health dialogues (as seen with Yemeni women mediating humanitarian corridors)[12]. Gender dynamics can influence negotiations (some militant groups might trust female health workers more in certain contexts). Exploring these nuances can enrich HHD strategies.

Finally, as climate change and pandemics pose new kinds of crises that intersect with conflict, research could examine how humanitarian health diplomacy frameworks might apply to complex emergencies like a pandemic in a warzone (some lessons were glimpsed during COVID-19 in Syria and Yemen, but much remains to analyze about negotiating pandemic response in conflicts).

Closing Thoughts: In conclusion, this study underscores that even in the darkest chapters of conflict, there are opportunities for humanitarian engagement that can save lives and uphold human dignity. Humanitarian Health Diplomacy is one such beacon of hope – it reminds us that dialogues and negotiations are possible, and that common ground can be found even between adversaries when it comes to preserving life and health. Saudi Arabia's KSRelief, through its engagement in Yemen, Syria, and Sudan, exemplifies both the promise and the challenges of this approach. Its experiences enrich the global narrative that *health can be a bridge to peace*, a notion first championed decades ago and still very much relevant today[5].

The road ahead will require perseverance. Not every attempt at humanitarian diplomacy will succeed, and sometimes it may feel like one step forward, two steps back. But each child vaccinated, each hospital kept open, each ambulance spared from attack – these are victories of humanity over cynicism. As the international community strives toward the Sustainable Development Goals, including health for all and peace, integrating humanitarian health diplomacy offers a pathway to make progress in places where development has halted due to violence. It operationalizes the ethos that *no one should be left behind*, even those trapped in war. In essence, by embracing and strengthening humanitarian health diplomacy, actors like KSRelief, the UN, and others can ensure that the banner of health – marked by a red crescent or red cross or simply the principle of do no harm – continues to stand as a neutral sanctuary amidst conflict. And within that sanctuary, lives can be saved, suffering can be alleviated, and perhaps the first seeds of dialogue and trust can take root, contributing in their own small way to the eventual resolution of conflicts. This blend of pragmatism and idealism is the hallmark of humanitarian health diplomacy – a field that this research affirms is not only effective but essential in our fraught world.

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(Note: In-text citation numbers correspond to the superscript numbering of references above. All URLs were accessed and verified in August 2025. Superscript numerals in text (e.g., [1],[2]) refer to the numbered references in this list. Where available, DOI or online links have been provided for further reading.)

List of Abbreviations

- **KSRelief** – King Salman Humanitarian Aid and Relief Centre (Saudi Arabia's humanitarian aid agency)
- **HHD** – Humanitarian Health Diplomacy
- **WHO** – World Health Organization
- **ICRC** – International Committee of the Red Cross
- **UN OCHA** – United Nations Office for the Coordination of Humanitarian Affairs
- **SDG** – Sustainable Development Goal (UN 2030 Agenda)
- **UNHCR** – United Nations High Commissioner for Refugees
- **PAHO** – Pan American Health Organization (Regional WHO for the Americas)
- **EMRO** – Eastern Mediterranean Regional Office (of WHO)
- **FPA** – Foreign Policy and Global Health Initiative
- **IFRC** – International Federation of Red Cross and Red Crescent Societies
- **RSF** – Rapid Support Forces (paramilitary force in Sudan)
- **SAF** – Sudanese Armed Forces
- **ECHO** – European Civil Protection and Humanitarian Aid Operations (EU's humanitarian department)

- **PEPFAR** – President's Emergency Plan for AIDS Relief (U.S. global HIV/AIDS program)

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