**Appendix 1.** Full searches as executed in each of the three databases (Ovid/EMBASE, Scopus, and PubMed) on May 17, 2017 (at 1:00, 1:08, and 1:15 PM EST, respectively).

|  |  |  |
| --- | --- | --- |
| **Database** | **Full search as executed** | **# of Records Retrieved** |
| Ovid/ Embase | (“war”/exp OR “conflict” OR “conflicts” OR “war” OR “Warfare” or “wars” OR “revolution” OR “revolutions” OR “arab spring” OR “uprising” OR “uprisings” OR “cruelty” OR “cruelties” OR "high-risk environments") AND(“relief work”/exp OR “relief work” OR “relief” OR “aid” OR “humanitarian” OR “humanity” OR “nongovernmental organizations” OR “NGO” OR “NGOs”) AND (“ethics”/exp OR "morality"/exp OR “professionalism”/exp OR “ethics” OR “ethical” OR “morality” OR “professionalism” OR “professional duties” OR “neutrality” OR "independence” OR "accountability”) | 699 |
| Scopus | ( TITLE-ABS ( "War" OR "War" OR "Warfare" OR "wars" OR "revolution" OR "revolutions" OR "arab spring" OR "uprising" OR "uprisings" OR "cruelty" OR "cruelties" OR "high-risk environments" ) ) AND ( TITLE-ABS ( "relief" OR "aid" OR "humanitarian" OR "humanity" OR "nongovernmental organization" OR "NGO" OR "NGOs" ) ) AND ( TITLE-ABS ( "ethics" OR "ethical" OR "morality" OR "professionalism" OR "professional duties" OR "neutrality" OR "independence" OR "accountability" ) ) | 929 |
| PubMed | ((((“Conflict”[text word] OR “conflicts”[text word] OR “War”[text word] OR “Warfare”[text word] or “wars”[text word] OR “revolution”[text word] OR “revolutions”[text word] OR “arab spring”[text word] OR “uprising”[text word] OR “uprisings”[text word] OR “cruelty”[tw] OR “cruelties”[tw] OR "high-risk environments"[tw]))) AND (("Relief Work"[Mesh] OR “relief”[text word] OR “aid”[text word] OR “humanitarian”[text word] OR “humanity”[tw] OR “nongovernmental organization”[tw] OR “NGO”[text word] OR “NGOs”[text word]))) AND ((“ethics”[text word] OR “ethical”[text word] OR "Ethics"[Mesh] OR "morality"[text word] OR “professionalism”[text word] OR “professional duties”[text word] OR “neutrality”[text word] OR "independence”[text word] OR "accountability”[text word])) | 442 |

**Appendix 2.** References used for codebook development

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**Appendix 4.** Summary of main findings by organizational ethics and humanitarian principle (N=number of articles where this code was applied, and n=numbers of references where it was coded across the N articles).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Organizational obligation or principle** | **Top challenge(s) in fulfillment** | **Sample quote(s)** | **Strategies & coping mechanisms** |
| **ETHICAL****OBLIGATIONS** | Provide highest attainable quality of care and services | * Disruption or shortage of food/medical supplies, personnel, or care services (N=31, n=60)
* Difficulties getting medicine and providers to front lines that meet community needs (N=25, n=63)
* Poor quality and accountability of care (N=24, n=55)
* Other challenges (N=19, n=31)
* Challenges when trying to access or receive financial/monetary aid (N=13, n=25)
* Criminalization or arrests due to care or aid delivery (N=5, n=6)
* Positive examples, coping strategies, or opportunities (N=25, n=65)
 | “The Biafran conflict was decided in 1970 by starvation as well as by denying food and basic medical care directly or indirectly to by military action. Last year in Somalia, tons of donated food were held hostage in Mogadishu by war lords as thousands of civilians died daily.” (Cobey et al. 1993)“Medical education in El Salvador has suffered from budget restrictions and also from the hostility of the Salvadoran government.” (Geiger et al. 1989) | * Formation of task forces (i.e., Polio Control Task Force in Syria)
* Training of local volunteers to help meet basic medical needs (e.g., in El Salvador)
* Security and access negotiations
* Strong logistical support and supply chain management
 |
| Protect and care for response workers | * Attacks on facilities and/or workers (N=25, n=65)
* Other challenges (N=22, n=39)
* Challenges in making contingency, safety, or emergency plans (N=7, n=10)
* Rise in practice of “risk transfers” (N=7, n=13)
* Positive examples, coping strategies, or opportunities (N=26, n=66)
 | “Since December 2013, MSF has reported a disturbing pattern of direct threats against medical staff and patients in South Sudan and in the Central African Republic. Most recently, hospitals in Iraq, Syria, and other countries in the Middle East have been attacked and bombarded.” (Asgary 2015)“As a rule, the personnel of local NGOs receive an even lower level of security support through their organisations, even when engaged in implementing partnership arrangements with international entities.” (Egeland et al. 2011) | * Rise in “bunkerization” (N=5, n=14)
* Risk assessment and acceptance
* Development of protocol for enhancing worker and patient safety
 |
| Minimize harms of response | * Challenges estimating harms (N=28, n=60)
* Other challenges (N=13, n=18)
* General threats and challenges (N=8, n=10)
* Positive examples, coping strategies, or opportunities (N=10, n=18)
 | “Due to the lack of security on the ground, agencies are unable to confirm whether all of the goods reach the population successfully. As long as this process of ethical decision-making is neglected, operational decisions might be made in a discriminatory way, potentially skewing assessments and affecting programmatic outcomes.” (Clarinval and Biller-Andorno 2014)“In some circumstances, short term aid may impede the identification of political solutions or may fuel ongoing conflict. There are also legitimate concerns regarding the extent to which humanitarian assistance bypasses other health service structures, thus undermining them and reducing their longer term sustainability.” (Banatvala and Zwi 2000) | * Training, technical innovation, improved coordination, and better programming
* Prior awareness and appreciation of disparities and/or injustices in order to be prepared to anticipate and avoid harmful outcomes
* Procedural fairness with beneficiaries with enhanced inclusion and transparency of decision-making processes
* Creation and empowerment of Community-Based Organizations (CBOs)
 |
| Support a locally-led response | * Other challenges (N=25, n=47)
* Challenges trusting the local authority (N=14, n=20)
* General threats and challenges (N=8, n=19)
* Hard to identify local leader or partner (N=7, n=7)
* Positive examples, coping strategies, or opportunities (N=28, n=56)
 | “When Western professionals work in areas of the world where there is little regard for the above, how does one ethically and morally deal with such circumstances? To whom does one report any problems?” (Joshi et al. 2008)“Health workers face different challenges in areas under different authorities. A key challenge to our ability to devise policy and practice interventions is the scarce and disparate information available about the realities of work in different areas.” (Fouad et al. 2017) | * Clear conceptualization of needs of beneficiary population and what the population seeks from humanitarian response
* Information offices working collaboratively with local communities
* Familiarization with local needs and capacities
* Coordination with (willing) sovereign governments
* Bilateral conversations between organizations and beneficial population(s)
 |
| Appropriate acquisition and management of assets  | * Informational assets (N=20, n=51)
* Financial assets (N=18, n=42)
* Human assets/resources (N=19, n=41)
	+ Emigration of skilled aid workers (N=2, n=6)
* Material assets (N=17, n=39)
* General threats and challenges (N=12, n=23)
* Other challenges (N=9, n=11)
* Positive examples, coping strategies, or opportunities (N=22, n=51)
 | “To compensate for shortage of qualified providers, many medical students and early-grade doctors were forced to cease their training to provide health care, despite the fact that they did not have full qualifications.” (Fouad et al. 2017)“Although there is a wealth of technical knowledge on which to base effective programmes, there are many constraints to implementing timely, efficient, and effective relief programmes.” (Banatvala and Zwi 2000) | * Use of locally-purchased supplies rather than shipment of in-kind aid
* Effective coordination and accountability of aid distribution via measurement and evaluation of programs
* Strategic partnerships with locally-trusted parties; community co-ownership
* Oversight and training programs for workers
* Discussion of fiduciary risks with potential donors
 |
| Distribute benefits and burdens equitably | * Inability to physically or socially access most vulnerable or hard-hit populations (N=25, n=48)
* Pressures to unequally distribute benefits and/or burdens (N=18, n=26)
* Other challenges (N=12, n=18)
* General threats and challenges (N=6, n=8)
* Positive examples, coping strategies, or opportunities (N=13, n=18)
 | “The motivation for ICRC neutrality is access. The ICRC defends the principle of neutrality by the access it gains to vulnerable individuals.” (Rieffer-Flanagan 2009)“The Syrian Government rarely allows surgical supplies, dialysis kits, or essential medicines in convoys to besieged areas.” (Fouad et al. 2017) | * Focus resources on those most at risk and on interventions with major health impact beyond executing programs only in ‘reachable’ areas
* Negotiations at the local level paired with broader, grassroots approaches to ensure access to those in need
* Structure programs as ‘needs-based’ and without discrimination to beneficiaries
 |
|  | Practicing honesty and transparency in communication and interactions | * Risks in being open or transparent (N=6, n=10)
* Other challenges (N=6, n=9)
* General threats and challenges (N=6, n=7)
* Positive examples, coping strategies, or opportunities (N= 9, n=21)
 | “[P]rimarily due to trust issues, public authorities usually do not like to share information nor authorize operations where they think it is inconvenient, such as refugee camps.” (Civaner et al. 2017)“If decisions are made in a top-down fashion behind closed doors, the expert staff in the concerned countries are unlikely to participate in the decision-making process, leading to a lack of transparency and accountability.” (Clarinval and Biller-Andorno 2014) | * Establishment of chains of communication with representatives of different levels of an organization and stakeholders
* A well-documented decision-making process that encourages participation among concerned parties
* Demonstrated capacity to communicate and willingness to enter negotiations was associated with better access and overall security (Egeland, 2011)
 |
|  | Incorporation of local knowledge and recognition of cultural norms | * Too many dissimilar societal factions to create a cohesive set of norms or knowledge (N=2, n=4)
* Operational impracticality when confronting more urgent priorities (N=2, n=2)
* Other challenges (N=15, n=40),
* General threats or challenges (N=10, n=15)
* Positive examples, coping strategies, or opportunities (N=22, n=51)
 | “A number of national staff comments in surveys expressed feelings of not being listened to by international colleagues who ‘project themselves as the experts’.” (Egeland et al. 2011)“The participants, however, acknowledged that ethical issues arose when local values conﬂicted with their own moral convictions.” (Hunt 2008) | * Bilateral communication with beneficiaries and other stakeholders to incorporate local knowledge into organizational objectives and priorities
* Increased representation of in-state nationals across all levels of the organization
* Openness and willingness to enter dialogues with beneficiaries and other locals
 |
| **HUMANITARIAN****PRINCIPLES** | Neutrality | * Aid can be seen as political (N=33, n=124)
* Challenges maintaining neutrality while bearing witness to extreme violence (N=20, n=33)
* General challenges or threats (N=17, n=28)
* Violence, constraints, or compulsion affecting organizational neutrality (N=13, n=20)
* Positive examples, coping strategies, or opportunities (N=13, n=27)
 | “Another concern revolves around the notion of political impact. Some claim that neutral humanitarianism cannot exist because supposedly neutral actions always have a political impact.” (Rieffer-Flanagan 2009)“[T]he UN is not deemed neutral by many recipient nations and has been accused of being a Trojan horse human for Western political intervention…” (Cobey et al. 1993)“A sharp debate has emerged about the importance of humanitarian organisations speaking out against misdeeds and, more generally, on the ethical and moral aspects of doing humanitarian work in the face of mass violence.” (Farré 2013) | * Take a needs-based approach and work on both sides of conflict, assist non-combatants only, avoid armed escorts, and avoid public political statements
* Scrutiny of donor agendas before acceptance of funding
* Avoidance of working with or as a part of a political foreign policy mission
* Political or sectarian non-affiliation of workers
* Non-engagement in any political, racial, religious, or ideological controversy
 |
| Independence | * Tensions and questions arising from certain funding sources and other financial or political ties (N=25, n=84)
* NGOs implicated in the conflict due to their resources and investment in the context (N=18, n=31)
* Other challenges (N=15, n=31)
* Relief organizations often (even falsely) grouped with a specific partisan or belligerent group by local community (N=13, n=26)
* General challenges or threat (N=11, n=14)
* Positive examples, coping strategies, or opportunities (N=8, n=19)
 | “More specifically, concerns about harassment and security had led to a heavy reliance on armed escorts, heightening the bargaining power of armed fighters.” (Black 2003)“When relief aid and its manipulation by political elites is now so clearly recognized as part of war economies, can relief agencies really claim to be operating neutrally? And when humanitarian aid is so identified with a political world order from which so many people feel excluded, how can relief agencies avoid association with the international powers of this world order, who are, after all, their donors and the architects of international humanitarian policy?” (Slim 1995) | * Measures of non-association with governments or partisan groups
* Identify as visibly independent
* Do not accept donations stipulating programmatic changes or adopting stances
* Investing in logistical independence so organizations are not reliant upon shared assets
 |
| Impartiality | * Pressures to provide assistance to entities not in accordance with actual needs (N=25, n=45)
* Other challenges (N=16, n=49)
* General challenges or threat (N=13, n=20)
* Positive examples, coping strategies, or opportunities (N=12, n=19)
 | “Attempts by UN agencies and NGOs operating in the camps to avoid accommodation with the political aims of these organisations were met with threats and actual violence.” (Fennell 1998)“The Spanish ambassador, who is also the representative of the European Community, reported that few physicians in either the public or private sectors dare to serve the rural and urban poor, because doing so may mark them as guerrilla sympathizers, a label that can have deadly consequences.” (Geiger et al. 1989) | * Adoption of an operational principle of non-discrimination and provide aid and services according to need
* Focus resources on those most at risk and on interventions with major health impact beyond executing programs only in ‘reachable’ areas
* Be aware of potential staff biases and avoid over-reliance on ‘hyper-local’ staff
* Concessions may be necessary: serving one population in order to reach another population with increased needs
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| Humanity | * Challenges in delivering care to those in need (N=25, n=66)
* Other challenges (N=22, n=43)
* General challenges or threat (N=8, n=10)
* Positive examples, coping strategies, or opportunities (N=18, n=34)
 | “As a result, children in some besieged and opposition‑controlled areas [in Syria] were devoid of the much‑required vaccinations.” (Al-Moujahed et al. 2017)“Most of those who present to provide care are licensed professionals; however, there is room for fraud and incompetence among those who are treating the vulnerable at this time. Speciﬁcally, the question of training and credentialing must be considered.” (Joshi et al. 2008) | * Negotiations at the local level paired with broader, grassroots approaches to ensure access to those in need
* Coordination with other actors (e.g., territorial sovereigns) to gain access
* Networks of management to ensure proper training and sustained logistical support
* Smuggling medicines and supplies to subvert local authorities’ prohibitions
* ‘Bunkerization’ of facilities to provide care amidst extreme and prolonged violence
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|  | Solidarity | * General challenges or threats (N=7, n=8)
* Other challenges (N=11, n=13)
* Positive examples, coping strategies, or opportunities (N=8, n=8)
 | “As a test for the integrity and ethics of medicine as a profession that strives to provide healing and assure the well-being of patients, our legitimacy depends on our solidarity and collective work on behalf of suffering patients, the helpless and the hopeless.” (Asgary 2015) | * Focusing on the needs and suffering of local persons and identifying local health providers as colleagues builds a professional bond and aids in cooperation
* Organizations unifying under a banner of shared mission
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