Humanitarian Action Summit: Exploring the Edges of Humanitarian Health

Michael J. VanRooyen, MD, MPH;1 Frederick M. Burkle, Jr., MD, MPH, DTM2,3,4

The challenges that face humanitarian agencies in the field have grown in complexity during the last decade, creating a dynamic environment for humanitarian actors. Recent humanitarian emergencies in the Palestinian Occupied Territories, Lebanon, and Zimbabwe exemplify the difficulties in assuring humanitarian access. Restricted access in Darfur and the Democratic Republic of the Congo illustrate the widespread nature of civilian abuses and human rights violations. Military humanitarian operations in Iraq and Afghanistan contribute to the blurring of humanitarian motives and pose a challenge to humanitarian neutrality. If there is one consistent feature in the enterprise of providing humanitarian relief in conflict and crisis, it is the certainty of change.

The challenges are not just related to access and security, but also to the nature of the services provided. Humanitarian assistance depends on professional, international staff and the organization's ability to navigate in increasingly complex political and logistical environments. In addition, the global economic crisis has created unique pressures and difficulties for organizations, and the increasing adoption of humanitarian outreach as a military strategy is likely to increase as a major contributor to potential solutions and change. Furthermore, worsening environmental problems have forced changes in the way organizations plan for future disasters due to natural hazards, the destabilizing effects of water insecurity, the spread of infectious disease, and the impact of chronic conflict and war encroaching on and destroying critical areas of biodiversity worldwide. In addition to these problems, the increasing mass migration of populations to urban centers will create an entirely new and vastly more complex environment for agencies serving displaced and vulnerable populations.

In this rapidly evolving field, the humanitarian community, including non-governmental organizations (NGOs), private voluntary organizations, private governmental organizations, such as the International Committee of the Red Cross, and international relief organizations, such as United Nations agencies, must develop unprecedented adaptive strategies in order to be effective and to operationally survive. International organizations wishing to expand their mission often are witnessing shrinking budgets and greater security constraints. They cannot face these issues alone, but require the input, expertise, and communal strategies of the greater humanitarian community.

There are several forums for international organizations to communicate about strategic and tactical issues, but there are few venues to discuss controversial issues that face the humanitarian community. Often, these are issues that have remained unresolved for decades. Academia recently has been accepted into the broader humanitarian community as an agent for debate, inclusiveness, transparency, research, and, most crucially, to measure and monitor accountability. The addition of academia to the humanitarian community also should help to create an environment to address these issues in a longitudinal fashion, and to promote and accelerate best practices into policy. There remains a necessity for organizational participation across the wider array of humanitarian actors to address controversial and essential topics with sufficient depth to define and promote practices and policies for change.
The Humanitarian Action Summit (Summit), hosted by the Harvard Humanitarian Initiative with assistance from colleagues from Dartmouth Medical School, has emerged as a forum that allows strategic-level humanitarian actors to work with counterparts from international organizations at every level, along with funding agencies and donors, to address some of the key issues and challenges facing the humanitarian health environment. The Summit, now in its third year, has fostered a climate of cooperation and open dialogue in several categories of importance to the humanitarian health community.

The Summit was organized around major themes in the humanitarian environment, with the intent of addressing them in detail, in working groups, and exploring emerging topics for further exploration in the plenary sessions. The Summit was designed as an event that required appropriate representation from across the humanitarian community, and was aimed at humanitarian workers with a strategic influence on their respective organizations. Conference participants are nominated by their respective agency and invited to represent their international organization at the Summit. Working Group participants are invited and assembled one year in advance of the conference. This is to establish ongoing dialogue and consensus on major issues, and to develop "deliverables" that then are presented to the Summit. These deliverables represent products that the Summit participants agree to push forward in areas of best practices, as examples of outstanding field-level programs that deserve to be copied, or are prime for acceleration into policy.

The agenda for the Summit is constructed around six major themes. The intent of the Working Groups is to gather strategic thinkers and field experts to discuss major operational issues facing humanitarian organizations. A team of experts with extensive experience in issues that are facing international organizations in the field leads each Working Group. The topical issues are informed by the consensus statements from the 2007 Humanitarian Health Conference (available in pdf at http://www.hhi.harvard.edu).

**Humanitarian Action Summit Working Groups**

The following are descriptions of the background and objectives of each of the working groups. Articulation of the deliberations and deliverables of each working group are in the specific documents published in this supplement.

**Working Group 1: Human Resources Development**

*Description*—The issue of human resources development in humanitarian settings is ongoing for many humanitarian agencies. Previous working groups on human resources in humanitarian health have outlined many of the key areas that represent challenges for recruitment, training, and retention of qualified staff for international humanitarian health projects. Some of these key areas have included: (1) over-reliance on professional degrees as surrogates for certification of specific expertise; (2) expanded responsibilities of health professionals without adequate support; (3) lack of a clear professional path, training guidelines, and opportunities for career advancement; (4) difficulty in retaining workers in complex and austere environments; (5) lack of adequate support from/to local healthcare establishments in order to build resiliency and institutional memory of best practices; and (6) insufficient focus on and funding for human resources initiatives within the donor community.

*Objectives*—The objectives of Working Group 1 were focused on identifying a framework for advancing health practitioner competencies, categorize field health provider roles, and define the applicable methods of task shifting in healthcare delivery. The group also sought to explore the current and necessary regulatory framework around health-care manpower development. Specific deliverables focused on providing guidance for international organizations and their field teams regarding human resources capacity issues, and are discussed in the attached manuscript.

**Working Group 2: Civilian Protection in Conflict**

*Description*—Modern day warfare can be characterized as asymmetric (with non-traditional military actors, assassinations, revenge killings), ubiquitously insecure, and often protracted, with subsequent institutional and public health collapse. Consequently, in recent years, the civilian burden of conflict has risen dramatically. There also seems to be a blurring of roles between military and humanitarian actors, which serves only to heighten the importance of civilian protection within the humanitarian community. Despite the increasing importance of civilian protection, organizational roles and responsibilities remain undefined, especially when compared to other response functions such as water and sanitation or health.

*Objectives*—Working Group 2 sought to explore issues in the documentation of information that relates to protection, and to identify and develop appropriate indices and methodologies for civilian protection. The group developed a conceptual framework for an educational program for humanitarian health workers that will address the intersection between medical ethics and population-based care. Deliverables addressed the need to raise awareness of current coordination methods between program personnel and protection offices within international organizations, and to provide a mechanism for feedback and further dialogue on the requirements and the limits of humanitarian aid protection strategies.

**Working Group 3: Information Communication and Data Management**

*Description*—Current efforts by the Inter-Agency Standing Committee (IASC), UN High Commissioner for Refugees, World Bank, and NGOs have created a constructive dialogue around common data collection methods and shared information in the field. There has been significant international organization investment directed at defining collective mechanisms for data management, including the approach of the Clusters, but additional work to determine the degree to which these methods are integrated in real-time field practice remains. Many international organizations currently are exploring the field of data collection, but groups often unknowingly work against each other in their pursuit of more efficient data collection systems. Continuous dialogue is necessary to determine the direction of technological development and to address the practicality of systems currently in development.
Objectives—The objectives of Working Group 3 included identifying key indicators and systems for data collection in acute emergency scenarios and analyzing best practices for working with national governments on surveillance and improving sovereign state adoption of health surveillance. The Group also sought to explore the implementation of remote surveillance systems for use in inaccessible areas, and address constraints to data collection, and to raise awareness of advancements in geographic information systems/global positioning systems tools, information communication technologies (ICTs), and interoperability solutions for humanitarian information systems. Deliverables include proposed standardized guidelines for surveillance in refugee camp and non-camp settings, and catalog resources on technological tools for improved data management and information communications.

Working Group 4: Collaboration & Collective Action in the Health Sector

Description—Humanitarian agencies work in an environment that is both competitive and requires some degree of coordination of services. The tension that results is more evident in large, acute crises that are highly publicized and draw many international organizations to the field. Many initiatives are underway to improve communication around field strategy coordination. These efforts have improved dialogue, but there is much progress to be made in determining mechanisms and motivations for collective action and service delivery in the inherently competitive environment of humanitarian assistance in the health sector. The major questions remain: What is the value of collective action of international organizations and how can such activity be accomplished with multiple, independent entities and agencies?

Working Group Objectives—Working Group 4 sought to build on the progress made toward collaboration initiatives in the health sector from prior humanitarian health meetings, and raise awareness of successful case studies in collaboration and collective actions. The Working Group presented findings of a survey of the humanitarian community as to the appropriateness of forming an association of humanitarian health professionals, and provided guidance to move forward with the formation of such an association.

Working Group 5: Mental Health in Crisis and Conflict

Description—Mental health and psychological support during humanitarian crises is an issue that has generated vigorous debate during the last decade. This is the first year that the Summit addressed mental health and psychosocial concerns by including a new working group on this important topic. In late 2007, the IASC released minimum standards for intervention in the “IASC Guidelines on Mental Health and Psychosocial Support in Emergencies.” Working Group 5 built on the IASC framework and addressed important issues that are not addressed in the Guidelines.

Group Objectives—The Mental Health Working Group convened to provide a forum for bridging the knowledge gap between emergency mental health and psychosocial support and the lessons learned about community mental health in the developing world. The Working Group examined how best to transition mental health and psychosocial programs from short-term interventions during the emergency phase into programs that are appropriate for the longer phase of post-disaster/post-conflict development and proposed ethical standards for conducting mental health and psychosocial research during emergencies. Deliverables include a framework for conducting mental health and psychosocial outcomes research in the field during humanitarian emergencies and a future forum for building collaborations between academic centers, international organizations, and donor agencies to focus on developing academic and field-based training programs.

Working Group 6: Global Burden of Surgical Disease

Description—The global burden of surgical disease is largely unknown. Recent efforts are underway to improve data collection and evaluations necessary for accurate surgical epidemiology and estimates on the burden of surgical disease. International surgeons and others working on the effort for greater collaboration hypothesize that the impact of surgical diseases may be much higher than recognized. Several international organizations provide surgical services in countries without the resources, infrastructure, or manpower to provide surgery, as well as during humanitarian crises and in war zones. The surgical data from these settings often is poorly collected and rarely shared between organizations or with outside evaluators.

Objectives—The Surgical Disease Working Group integrated its efforts with other activities to address issues of global surgical epidemiology, especially as it relates to trauma, obstetrical, and surgical emergencies. The Working Group sought to provide indicators and metrics for measurement of surgical outcomes and proposed an agenda for establishing and disseminating global standards and surgical best practices.

Summary

The Summit, now in its third year, was developed to address some major points of need and controversy in the humanitarian field, to establish a dialogue among practitioners and humanitarian strategists, and to promote discussion about complex and controversial issues that face the humanitarian community. What follows in this publication is a detailed review of the goals, deliberations, and recommendations of the Working Groups, concluding with an analysis of future needs. The authors hope that the Summit, and the resulting action items, serve as a launching point for organizational, governmental, and United Nations practices and policies to advance the professionalism, quality and accountability of humanitarian intervention.