2009 HUMANITARIAN ACTION SUMMIT

Exploring the Edges of Humanitarian Health

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Summit Proceedings and Policy Compendium

COLLABORATION AND COLLECTIVE ACTION IS NOT A NATURAL PHENOMENON; IT MUST BE PROMOTED THROUGH BUILDING TRUST, MOTIVATION, AND A SENSE OF OWNERSHIP.

presented by the Harvard Humanitarian Initiative

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This policy compendium is written to provide a summary of the issues discussed at the 2009 Summit and to amplify policy issues that resulted from these deliberations. This compendium is written as a companion piece to the articles published in Pre-Hospital and Disaster Medicine August, September 2009 Supplement.

INTRODUCTION AND POLICY OVERVIEW

Humanitarian Action Summit: Exploring the Edges of Humanitarian Health

The challenges that face humanitarian agencies in the field have grown in complexity over the recent decade, creating a dynamic environment for humanitarian actors. Recent humanitarian emergencies in the Occupied Palestinian 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.

Challenges do not simply lie with the limitations in access and security, but in the nature of the services provided. Humanitarian assistance depends on professional international staff and organizational ability to navigate in increasingly complex political and logistical environments. The global economic downturn will create unique pressures and difficulties for organizations, and the growing adoption of humanitarian outreach as a military strategy is likely to create tensions in the civilian aid sector. Furthermore, the changing climate's effects on extreme weather events have forced organizations to change the way they plan for future natural disasters. Organizations must address the destabilizing effects of water insecurity, population migration, risk of the spread of infectious disease, and the impact of chronic conflict and war on global biodiversity. Finally, 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 global field, the humanitarian community international organizations (IOs) that include non-governmental organizations (NGOs), private voluntary organizations (PVOs), private governmental organizations (PGOs) such as the International Committee of the Red Cross, and international relief organizations (IROs) such as United Nations agencies, must develop unprecedented adaptive strategies in order to be effective and to operationally survive. Organizations wishing to expand their mission while contending with the realities of shrinking budgets and greater security constraints cannot face these issues alone. They require the expertise and communal strategies of the greater humanitarian community. Working together by maximizing cooperation, coordination, and collaboration remains a challenge for IOs

with potentially competing agendas. There are several forums for IOs to communicate around strategic and tactical issues, but there are few venues to pursue an agenda to discuss controversial issues facing the humanitarian community, especially those that have remained unsolved for decades. There remains a necessity for inter-organizational participation across the wide array of humanitarian actors to address controversial and essential topics in sufficient depth as to define the humanitarian operational state of the art and promote practices and policies for change.

Challenges to the Humanitarian Community: The Role of Academia in Advancing Best Practices and Policy Promotion

In the struggle to understand the unique public health challenges created by war, disaster and political instability, it is clear that while new challenges have arisen, many of the original problems that confronted aid agencies three decades ago still prevail. Veterans of the relief community recognize that many of the same issues remain unsolved, and that many, to their dismay, have become more serious. As academic organizations have increasingly partnered with NGOs and UN agencies, numerous critical studies have been published with the intent to inform policy. Many of these have gained the attention of the popular press; however, too often these important analyses languish in the literature, far removed from the eyes of decision-makers or field practitioners.

As the challenges facing humanitarian agencies grow in scale and complexity, it has become evident that the recurrent problems facing relief organizations require alternative solutions and interdisciplinary approaches. For example, mass suffering from prolonged, unresolved conflicts coupled with inadequate or uninformed post conflict reconstruction calls for multi-sectoral, interagency cooperation guided by an evidence-base. Historically, too few donors have shown empiric interest in understanding the determinants of war-time atrocities or have invested in rehabilitative priorities, and too many politicians are content to simply know that the shooting has stopped. The odds of stability after a major conflict are grim. Forty-seven percent of countries in the post-conflict phase will return to war within a decade. In Africa this number is 60%. The humanitarian community has perceived its own limitations on policy level engagement and stepped up efforts to work on political and policy approaches that promote and accelerate what information and experience they have accumulated into policy. As asymmetrical warfare becomes the prevailing conflict mode, the humanitarian priorities shift and the militarization of foreign aid escalates, the civilian humanitarian voice seems to be more removed and less effective in influencing the very industry in which they have invested so much time and energy advancing.

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The Summit confronted new and emerging crises in the context of "threat multipliers" and destabilizing factors such as climate change, population growth, post conflict instability and urbanization. The immediate role of the Summit is to first inform and then bring these new and emerging topics into the Working Group (WG) process where priorities and deliverables will be debated and determined, then action plans and solutions proposed.

Evolution of the Humanitarian Action Summit Process

The Humanitarian Action Summit (HAS), hosted by the Harvard Humanitarian Initiative with partners from Dartmouth Medical School, has emerged as a forum that allows strategic level humanitarian actors to work with counterparts from IOs at every level, along with funding agencies and donors, to address some of the key challenges facing the humanitarian health environment. The Summit, now in its third iteration, has fostered a climate of cooperation and open dialogue in several categories of importance to the humanitarian health community. Over this time it sought to change the level and tenor of interaction between the traditional and non-traditional stakeholders in the humanitarian community. The event was conceived on the premise that continual dialogue among experts and stakeholders in the humanitarian realm can create multiple avenues for collaboration and professional advancement. Conventional conferences consist of submitted research papers that describe protocols, concepts and data analysis. The Summit takes this further by focusing, through a diverse online Working Group framework, on areas where solutions to problems in management, practice, and policy have been slow, non-existent, or poorly defined. Given the rapidly changing humanitarian environment, the responsibility to face current problems head-on and to anticipate new and future crises that have eluded attention has become the focus of the Summit process.

The 2009 Summit was organized around six major themes in the humanitarian environment (see page 28), with the purpose of addressing these major themes in detail within working groups (WG), and further exploring emerging topics in the plenary sessions. It was designed as an event that requires representation from across the humanitarian community, and aims to involve humanitarian workers who have a strategic influence on their respective organizations. Participants are nominated by their respective agencies and invited to represent their organizations in working groups and Summit events. The objective of the working groups is to gather strategic thinkers and field experts to discuss major operational issues facing humanitarian organizations. Each working group is led by a team of experts with extensive experience in issues facing organizations in the field. Working group participants are invited and assembled one year in advance of the conference, in order to establish ongoing dialogue and consensus on major issues to develop actionable deliverables that would then be presented to the entire Summit. These deliverables represent products that the Summit participants agree to push

forward in areas of best practice as exemplary field level programs that deserve to be replicated or as recommendations prime for acceleration into policy.

The WG participants represent a variety of organizations, including NGOs, donors, academic institutions, government agencies, advocates, media, and medical centers. The range of expertise spans medicine, public health, law, policy, economics, and the environment. The WG challenges are truly a "devils bargain." Some, such as civilian protection and human resource shortages, are persistent problems which have plagued humanitarian assistance for decades. Others, including mental health, the burden of surgical disease, and the use of new population-based technologies are only now being addressed. Recent advances in understanding the true nature of the origins and characteristics of mental health problems, for instance, has offered a fresh opportunity for professionals to address best practices, standards, competencies, research, and ethics for the first time. The burden of surgical disease on these populations have greatly worsened as conflict, poverty and the healthcare worker crisis has decimated the ranks of these professionals in developing countries. The surgical diseases WG has been instrumental in bringing this burden to its rightful place as a major public health emergency.

Translation from Practice to Policy

The WGs generally work in three directions: defining and improving best practices; setting examples and standards for improved field implementation; and promoting and accelerating these into policy. It is the latter where the humanitarian community has the least influence and experience. As such, the Summit recently partnered with the Global Health Initiative (GHI) of the Woodrow Wilson International Center for Scholars with the goal of taking the deliverables and actionable recommendations into potential policy. Developing this role and the skills to do so will require further work and deliberation. The process of sifting through project results and qualitative data, determining the most valuable lessons learned and best practices, identifying future needs and priorities, and effectively communicating recommendations required for improvement constitutes the initial adaptation of findings into policy. The foundation of information and debate created by the HAS and accompanying working groups forms the basis of a good beginning, but the remaining steps of translating professional discussion into policy require engagement in the policy process. These steps include:

» **Identification and prioritization of future needs.** WGs, as well as plenary and informal sessions, have begun the task of determining which issues require the most focus, both from the humanitarian community and from external actors such as donors and government policymakers. This distillation, from best practices (i.e., showing that progress can and has been made by highlighting lessons

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learned, effectiveness and impact studies, field programs which should be copied and/or scaled up, etc.) and other challenges, is necessary in order to craft a comprehensive strategy and actionable recommendations. This internal consultation process develops a reasonable consensus, develops buy-in from all parties, and lends legitimacy and credibility to the process for all who participated.

» **Identification of critical audiences.** With consensus reached on priorities, the next step is to determine who needs to be reached, specifically which people, communities, and institutions can be helpful in meeting these objectives. This would include donors of all stripes (i.e., bilateral, multilateral, foundations, individuals), government policymakers, media, and even members of the humanitarian and development communities themselves in order to improve some of the "competition" struggles (for funding, e.g.) inherent within the humanitarian community.

» **Develop clear, actionable messages and recommendations.** With the target individuals and organizations identified, the priorities and needs identified above should be translated into clear and actionable messages and recommendations. These messages must take into account the small amount of time the targets (such as congressional members) are likely to have to consider them, and as such should be easily understood and few in number. They must also make clear to the targets why they should be concerned about these issues, and what benefits (to them as well as to humanitarian assistance) the results of their actions will yield. For all of these reasons, especially the latter, these messages must be tailored for each community, and must be in the "language" of that community. It is worth noting that policy is an ongoing process, not a one- or two-time event, so updated information, strategy, and progress should be continually transmitted.

» **Intervene during key parts of the policy process.** Even the best recommendations will fall on deaf ears if delivered during a point in time when a donor or member of Congress is unable to act. Seizing opportunities, some predictable and others not, is critical to having recommendations enacted. Discussion around the Foreign Assistance Reform Act and engagement with new political appointees in relevant fields are examples of timely interaction. Consistent communication helps as well in that once these opportunities arise it is more likely to have a receptive audience with whom the humanitarian community already has a relationship. Finally, it is important to recognize that decision-makers have much to contribute, besides simply enacting the changes one desires. Involving them in the discussions and

messages along the way not only increases their "buy-in," but also improves the likelihood that their decisions will be in line with one's own priorities.

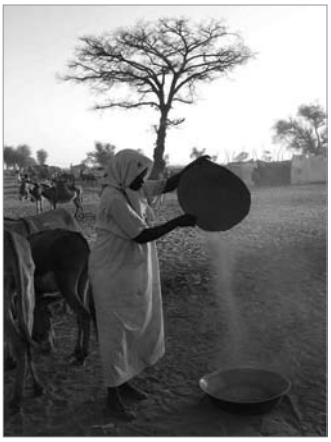
The Summit partnership with the Woodrow Wilson Center provides both a neutral venue for these interactions between different communities, as well as assistance in the "translation" from one language to another. The past work of the Summit, though ambitious and indeed successful, may in some ways be the easiest. Convening all stakeholders together on these issues, arriving at consensus, and bringing about meaningful change may prove more difficult.

Lastly, the Summit process requires growth and greater buy-in from the global community. The recent financial crisis limited vital international attendance at the last Summit, although the participation in the online WGs during the preceding year was highly significant to the progress made. Academic institutions engaged in humanitarian initiatives are becoming more common. Many are searching for means to improve their effectiveness. The Summit strongly recommends consideration of a similar role and responsibility in providing a welcome environment where problems are turned into potential solutions and where academic institutions can more easily "trespass professional boundaries" to engage with multi-disciplinary and multi-sectoral colleagues in this process. The conference organizers hope that the issues brought forth in the Summit and in this publication will serve to stimulate dialogue and problem-solving between the organizations that face these complex challenges.

Michael VanRooyen and Frederick "Skip" Burkle
Conference Co-Chairs

WORKING GROUP POLICY RECOMMENDATIONS

The following are descriptions of the background and objectives for each of the working groups. Articulation of the deliberations and deliverables of each working group can be found in the peer-reviewed journal, Pre-Hospital and Disaster Medicine, Volume 24, Number 4, July–August 2009 supplement.



WORKING GROUP 1

HUMAN RESOURCES DEVELOPMENT

Current Challenges

Humanitarian responses to conflict and natural disasters usually operate in contexts of resource scarcity and unmet demand for health care workers. 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 have included 1) the over-reliance on professional degrees as surrogates for accreditation of specific expertise; 2) expanded responsibility of health professionals without adequate support; 3) lack of 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 health care establishment 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.

Task shifting is one avenue for delivering needed health care in resource poor settings, and on-the-ground reports indicate that task shifting may be applicable in humanitarian contexts. However, a variety of obstacles currently restrict the ability to employ task shifting in these situations, including issues of regulation, accreditation, funding and a lack of commonly agreed-upon core competencies for different categories of humanitarian health workers. The Human Resources in Humanitarian Health (HRHH) Working Group at the 2009 HAS evaluated the potential strengths and weaknesses of task shifting in humanitarian relief efforts, and proposed a range of strategies to constructively integrate task shifting into humanitarian response.

Recommendations:

The human resources challenges facing the field of humanitarian health are part of a global health workforce crisis. Addressing human resource challenges in humanitarian settings are critical in achieving the Millennium Development Goals (MDGs). The following recommendations are presented for consideration for international organizations:

Promote task shifting within international agencies: Task shifting can be an appropriate strategy for addressing human resource limitations and building

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local capacity in humanitarian settings, and preliminary reports on the use of this strategy from post-conflict settings suggest task shifting improves health outcomes. Task shifting can play a fundamental role in building long-term local capacity for health services by connecting emergency humanitarian efforts with long-term development goals.

Promote task shifting within local and national governments: Several major challenges exist for implementing task shifting strategies, particularly policies of national governments and professional organizations that limit the tasks certain health worker cadres can take on, and the lack of sufficient resources for compensating health workers. Ministries of Health, Ministries of Finance, and Ministries of Labor should all be involved in the task shifting planning processes.

Development of core competencies for field health providers: Steps should be taken toward developing core competencies for humanitarian health workers as an integral component to developing the humanitarian health professions and facilitating task shifting. This would begin by identifying the key tasks in humanitarian health settings.

Develop professional development and career options for leaders: Efforts should be made to clarify a career path for health professionals seeking careers in humanitarian health, including supervisors and international staff. Donors must scale up their funding of health personnel in order to build local health capacities.

Wages for community level health workers: Wage-bill caps imposed by International Funding Institutions that prevent Ministries of Health from recruiting and using community health workers must be removed or modified to create an enabling environment for task shifting in settings where health workers are civil servants.

Utilization of local skilled workers incorporating long term implications: NGOs should develop mechanisms for drawing on local skills and expertise without removing practitioners from their existing positions and alienating them from their previous agencies. For instance, payroll should be conducted in a way to avoid drawing people out of the existing health system.

Suggested Strategies

In order to advance the recommendations listed above, create an enabling environment for the further development and refinement of task shifting strategies, and promote the implementation of effective and appropriate task shifting practices, the working group commits itself to the following road map for action:

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Evaluation of health workforce: Attempts should be made to estimate the overall size of the humanitarian workforce as well as the number of organizations, countries affected, and the potential population served. This will more clearly identify the scope of impact of any human resources intervention.

Address workforce issues with key partners: Explore partnerships with other key stakeholders including international health professional organizations, the UN health cluster and the Global Health Workforce Alliance.

Advance training curriculum: Assess training curricula in existing international training programs for humanitarian workers as well as the protocols of humanitarian health agencies to identify key tasks for which competencies can be developed.

Identify donors: Seek to identify donors willing to support pilot projects to expand human resource capacity in humanitarian health programs and develop a proposal for such projects.

WORKING GROUP 2

CIVILIAN PROTECTION IN CONFLICT

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Current Challenges

Modern day warfare can be characterized as asymmetric (with non-traditional military, assassinations, revenge killings), ubiquitously insecure, and often protracted, with subsequent institutional and public health collapse. Consequently, the civilian burden of conflict has risen dramatically in recent years. There also appears to be a blurring of roles among military and humanitarian actors, which serves only to heighten the importance of civilian protection within the humanitarian community.

The idea that civilians should be protected from the effects of armed conflict is established in international law and public consciousness. In law it is enshrined in the Fourth Geneva Convention and in other international treaties, and it has gained strong adherence in the international community as a universal obligation of warring parties and states. Yet despite the existence of accepted legal and social norms of civilian protection, it remains a concept shrouded in ambiguity and difficult for humanitarian organizations to integrate into program strategy and tactics, particularly in so far as these activities are framed according to standardized indicators of process and outcome.

In international law the responsibility for ensuring protection of the civilian population rests with the local authorities, be they state or non state, and not with humanitarian agencies. Protection requires the taking of decisions by arms carriers or their political leaders to ensure that civilians are well cared for. Humanitarian agencies work within this protection environment as they carry out their tasks of delivering services to civilian recipients. Aid agencies and their staff cannot directly ensure civilian protection. They can, however, develop nuanced ways of understanding its parameters within a situation in order to maximize productive service delivery and minimize inadvertent introduction of risks or harm to the local population.

Working Group 2 examined ways in which the notion of civilian protection can be understood in practical terms and incorporated more broadly into humanitarian response operations. This Working Group seeks to explore issues in documentation of information that relate to protection, and both 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 addresses the intersection between medical ethics and population-based care. Deliverables address the need to raise awareness of current coordination methods of program personnel and protection offices within IOs and provide a mechanism for feedback and further dialogue on the requirements and the limits of humanitarian aid protection strategies.

Recommendations

Field assessment tool for human security: The 2009 WG determined that it would be useful to create a field tool for humanitarian workers to assist them in acquiring information relating to elements of civilian protection. It was also agreed upon that it would be important to identify a process by which staff members could analyze this information effectively, in order to make timely and substantive modifications, as needed. A large number of proxy markers were discussed, including point-in time observations (such as food prices in local markets, anxiety levels of staff and drivers) and many aspects of routine patterns of community life (including religious activities or attendance at schools). The aim was threefold: to elucidate those markers of protection that are often the object of informal notice, since asking direct questions on these subjects might prove threatening in a heightened security environment; to suggest mechanisms for helping field workers become better observers and listeners; and to structure the process of dialogue within and among humanitarian teams on issues of civilian protection.

Develop organizational awareness of protection issues: It was the assessment of the 2009 WG that enhancement of observational skills along key lines of inquiry and promotion of regular discussion opportunities around the question of how a program is affecting civilian protection may well enable humanitarian workers to analyze what they were finding and to align field programs with what they were learning from the field context. Raising awareness among local humanitarian staff about issues of civilian protection may be of indirect benefit to others engaged in legal or advocacy work. Aid workers who use the field tool may be considerably more capable of tracking trends in apparent violations of human rights or international humanitarian law and have a better sense of where to gather detailed data of use in legal proceedings.

Develop a list of measurable markers of civilian protection: The WG further agreed that the tool should consist of a list of markers of civilian protection that could be easily, routinely and repetitively observed in the course of standard humanitarian activities.

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Suggested Strategies

Field tool for measuring civilian protection: The creation of a field tool that lists markers of civilian protection. The main purpose of the tool is to facilitate dialogue within local humanitarian teams and help them make programming decisions in light of civilian protection considerations.

Obtain wider input from those experienced in humanitarian operations: The proposed list of markers and the suggested discussion formats require much wider input from experienced humanitarian field workers and validation through robust pilot testing.

Develop a series of pilot projects to test protection measurement tools: In this pilot phase, humanitarian workers in different settings would use the field tool and participate in daily or weekly informal discussions around observations derived from the list of civilian protection markers. A survey of the aid workers should be conducted before and after implementation of the field tool to assess the utility of the tool in enhancing their civilian protection mindset and the incorporation of civilian protection strategies into program design.

This process as outlined does not comprehensively address the problem of validation and reliability of this approach to civilian protection. Yet as a plausible first step towards improving the practical understanding of civilian protection in local situations, this field tool as proposed might begin a deliberative process within the humanitarian aid community that could ultimately lead to the development of a standard observational methodology in all instances where civilian protection is an issue.

WORKING GROUP 3

INFORMATION COMMUNICATION & DATA MANAGEMENT

Current Challenges

Surveillance is an essential component of health and nutrition information management in humanitarian situations. Data gathering is not uniform across humanitarian settings; the indicators, sources of data and uses of information may differ between emergency and post emergency, camp and non-camp, urban and rural, and middle and low-income settings. Data collection and analysis are critical in the development, prioritization, monitoring and evaluation of health programs by humanitarian organizations delivering services to those most in need. Communication of data among NGOs, UN agencies and governments is essential to coordinate effective and efficient operations. Timely and accurate reporting of surveillance data by organizations to donors influences future funding opportunities, allowing donors to allocate resources based on evidence from the field. Of equal importance, the participation of and feedback to populations affected by humanitarian emergencies at all stages are essential components of a good health information system (HIS).

The primary aim of the HHIM Working Group was to identify challenges and areas that need further elucidation in a range of non-camp settings, including urban and rural as well as low-income and middle-income countries. The objectives were to outline the current practices and relevant methodologies for surveillance in these various settings, and to discuss the future directions of humanitarian health surveillance systems.

Recommendations

Surveillance in non-camp settings can be informed by surveillance activities in camp-based settings but requires additional consideration of new methods and population needs to achieve its objectives. Four major areas of consensus were met by working group participants:

Standardize measures and methodologies used in surveillance activities: This will be best accomplished by close working relationships with existing data management practices of UNHCR and other organizations, and the evolution of the Health and Nutrition Tracking Service (HNTS).

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Recognize the importance of context and circumstances in non-camp surveillance, particularly whether the setting is stable or unstable, rural or urban, and in a low-income versus a middle-income country;

Examine the underlying needs of non-camp IDP and refugee populations including rural, scattered populations, urban populations and the unique challenges of surveillance in this context.

Suggested Strategies

Based on the Working Group discussion and recommendations, the following strategies were suggested for future work in this area:

Promotion of shared indicators and tools: Examine, compare and agree (when possible) on key indicators among three major international organizations: MSF, UNHCR, and the WHO.

Enhance collaboration in developing indicators: Increase active participation among surveillance experts in discussions about indicator development and data information classification, such as the ICD-11 and MeSH headings.

Create a white paper on techniques and methodologies for estimating population sizes and composition in non-camp settings.

Promote common practices in non-camp and urban settings: Systematically document and disseminate current practices in community-based surveillance according to different contexts and evaluate the range of existing health information systems in urban settings for displaced populations.

WORKING GROUP 3A

APPLIED TECHNOLOGIES IN HUMANITARIAN ASSISTANCE

Current Challenges

Humanitarian agencies have historically worked in settings where essential data is difficult to obtain while the demand for systematic, timely, and goal-specific information that can inform practice and policy in those data-opaque places has subsequently increased. The unprecedented expansive growth of communication networks, remote sensing technologies, and geospatial platforms to even the most obscure and insecure of populations has opened up tremendous potential for significantly improving humanitarian evidence-based practice and humanitarian policy making. This potential calls for a facile (and often complex) technical capacity for information management to which humanitarian operatives are well suited but inadequately equipped to assimilate and implement. As these new technologies enter the humanitarian space they confront the ever present concerns of balancing utility, efficiency, and feasibility among all humanitarian stakeholders, relief agencies and beneficiaries alike.

While information and communication technology (ICT) has gained some footholds in humanitarian practice — mobile technologies to search and rescue disaster victims, document human rights abuses in conflict or communicate basic communicable disease surveillance information from remote locations; satellite imaging and geographical information systems (GIS) to map populations in reference to humanitarian programs — the translation of technology to humanitarian practice and policy remains a nascent and for some, daunting endeavour. And while humanitarian organizations are increasingly reliant on ICT, the analytic capabilities of these technical applications are often out of reach of the organizations working in crisis settings, as well as the populations that are most affected. Thus the accessibility, familiarity and ultimately usability of these technologies to effectively acquire, organize, analyze, and inform timely and relevant humanitarian actions are the focus of this working group.

Recommendations

The WG, composed of representatives from NGOs, academic institutions, governmental and international agencies, agreed to use the Summit platform and its access to research resources within academia to address the ongoing

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challenges and opportunities of humanitarian ICT that the UN, NGOs, and governments don't have the time, resources, or mandates to address.

Evaluate the successes and failures of implemented ICT models through case studies. A qualitative analysis of factors contributing to the successful or unsuccessful applications of ICT platforms across humanitarian sectors will inform future implementation strategies.

Perform a gap analysis to determine the role of ICT and how it should be prioritized. Competing operational demands and constrained resources require humanitarian agencies to prioritize. An understanding of ICT's value in enhancing the efficacy and precision of humanitarian operations and an appraisal of whether an NGO should integrate ICT into its operations or outsource to technical experts will go a long way in realizing its field potential.

Promote the use of mobile technologies and geographic information systems in humanitarian operations. The Summit helped establish an ICT community of interest and initiated a dialogue amongst that community to define standards, ensure ethical research approaches to safeguard identities and confidentiality, encourage the sharing of ideas, and elaborate a substantive vision of the opportunities and challenges in applying ICT to humanitarian assistance.

Suggested Strategies

The Applied Technologies WG determined several suggested strategies to tackle the most significant issues described above.

Establish and maintain a dialogue among the humanitarian ICT community. The WG will create a wiki to continue the dialogue and to initiate action plans; an online conversation will accommodate the institutional distances of WG members and allow them form sub-working groups. This website could also act as an online directory of available GIS and mobile technologies that may be useful to humanitarian groups for crisis response and research. The wiki will initially describe the discussions and suggestions made at the summit, and evolve over time to categorically list lessons learned and eventually best practices.

Five subgroups will investigate the most prominent issues facing applied technologies. These will focus on:

Implementation – the development of minimal technical guidelines to help humanitarian organizations use GIS and mobile technology tools and the creation of an online directory of technology tools;

Standardization – the creation of standard tags and formats for geo-spatial data for GIS applications;

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Open-sourcing – the impetus to encourage the IT developer community to use open-source versus proprietary software platforms;

Expanding the community of Interest – the creation of an entity dedicated to engaging with other developers and humanitarian aid organizations to foster collaboration and information sharing, to reduce redundancies by avoiding parallel development, and to direct software and technology development towards client's needs; and

Ethical Considerations – the scholarly examination of ethical issues unique to the use of mobile and geospatial technologies in vulnerable populations and the thoughtful investigation of the implications of applied technologies for ethical review board applications involving humanitarian research.

WORKING GROUP 4

COLLABORATION & COLLECTIVE ACTION IN THE HEALTH SECTOR

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Note: Recommendations are derived from a survey of NGOs, this group did not meet at the 2009 Summit.

Current Challenges

Over the last fifteen years, while the number of humanitarian health workers has grown considerably along with the emphasis on evidence-based humanitarian practice, no organization exists to ensure ongoing professionalization of this area of expertise. A humanitarian listserv-based survey was undertaken to evaluate humanitarian professional self-identification, needs for and interest in professional support functions, and priorities toward developing a professional organization to provide needed services. The resulting respondent population represented a broad distribution of age and experience with education and experience being equally important factors in defining humanitarian health professionals. Respondents viewed themselves as humanitarian professionals nearly to the extent they viewed themselves as health-specific technical experts who happen to work in humanitarian assistance; they expressed a strong desire to establish a professional society reflecting that self-identification; and that body should focus on activities in education and training, networking and dialogue, and developing and refining core competencies to support best practice. Humanitarian health workers self-identify as professionals in humanitarian assistance and as technical experts. A professional organization with specific support functions would be of interest to many humanitarian health professionals.

The current working group has provided its stated deliverable. At the present time the working group will re-evaluate its role for the future. It is important to recognize that a decade ago there were about 100,000 people who called themselves "humanitarians." This number has increased to 200,000 in less than a decade. It is crucial that the Working Group readdress what issues need to be looked at that will support this new generation of humanitarians. The formation of a professional society is but one in this process.

Recommendations

Development of a professional organization for humanitarian health practitioners: The survey conducted by Working Group 4 indicated a desire among health professionals working in the international setting to form a professional organization based on professional interests and desire to share ideas.

Suggested Strategies

Define the purpose and goals of a society of humanitarian health professionals and investigate the structure of such an organization such that it transcends individual organizational (NGO, UN, governmental) identity and creates a value added environment for further professionalizing the field of humanitarian health providers.

Enhance inter-agency and inter-institutional field cooperation and coordination through a formalized body of humanitarian health professionals which could provide forums for discussion among humanitarian health members, promote ongoing training and education, and engender a culture of mutual respect among humanitarian workers and institutions.

Define the humanitarian health profession by necessary and valued skills, knowledge, education and qualifications, as well as professional standards. Further, promote the profession as a livelihood and career over volunteer position.

WORKING GROUP 5

MENTAL HEALTH IN CRISIS AND CONFLICT

Current Challenges

Mental health and psychological support during humanitarian crises is an issue that has generated vigorous debate over 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 Inter-Agency Standing Committee released minimum standards for intervention in the "IASC Guidelines on Mental Health and Psychosocial Support in Emergencies." Working Group 5 will build on the IASC framework and take up important issues that are not addressed in the guidelines.

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. In so doing, the WG examined how best to transition mental health and psychosocial programs from short term interventions during the emergency phase to programs that are appropriate for the longer phase of post-disaster/post-conflict development, and propose 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, IOs, and donor agencies to focus on developing academic and field-based training programs.

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Recommendations

Using the lessons and language of major historical events and the reviewed literature as a starting-point, the WG set about identifying key themes and issues for discussion at the Summit. Of paramount concern was the need to apply accepted ethical principles in human subjects research to the unique environment of emergency settings.

Promote ethical practices in research in humanitarian settings: The WG agreed on the principle that the absence of relevant research on mental health and psychosocial support in emergency settings is unethical. Interventions that have not empirically proven effective in other settings should not be "tried out" in humanitarian settings; service provision should be based on

existing data. At the same time, the collection of data and evaluation of services should be built into programming efforts and service provision.

Research in the humanitarian settings should have benefit to the participants: The WG reached consensus on the principle that conducting research without ensuring appropriate services available to those researched is also unethical. These positions can be summed up in the statement "no survey without service and no service without survey." This constitutes a departure from the default position that research cannot be conducted in emergencies. As such, the WG promoted the following concepts:

1. Research should provide a benefit to the local population;
2. If the primary purpose is to assist those being studied, research should address important unknowns that affect the nature of humanitarian assistance (program design and planning) and evaluate benefits/risks of interventions when these are also unknown;
3. Research may also facilitate progress in field of humanitarian assistance (i.e., improved services after future disasters); and
4. There should be a generalizable benefit, if possible. If the research is determined to be of NO benefit to the local population, then it should not be carried out.

Suggested Strategies

Consideration of cultural contexts: When conducting assessments in different cultural contexts, researchers should consider the following: Translations with back translations of pre-existing questionnaires that have been validated in different cultural contexts are rarely sufficient. It is important to utilize participants own wording and conceptions of psychosocial and mental health problems. Both qualitative/ethnographic and quantitative methods should be employed. Avoid closed ended and leading questions and learn about local context through proceeding with qualitative data collection as a point of departure. Test the cross-cultural validity of any instruments developed among the population to be researched. Raise awareness among donors, that following these recommendations is likely to be more time and cost-intensive but crucial for arriving at outcomes that have cultural validity. Finally, no data is better than invalid and misleading data.

Evaluation of research risks: Research can have various positive or negative unintended, or unforeseeable consequences. In advance of any research project, possible risks should be identified and addressed and risk management and mitigation plans should be created. The following steps should be taken to protect subjects and minimize harm: Consider the research process can

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cause harm. Ensure that data collection staff and ancillary support staff are well trained in ethical codes of conduct. Identify and have available culturally and politically acceptable support mechanisms. Avoid labeling or stigmatizing participants. Be aware of the risks of gathering large groups together in insecure and conflict areas. Recognize changing circumstances and monitor risk and adjust research plans and procedures accordingly. State and repeat the purpose and benefits of research to help avoid false expectations. A story might aid in clarification. If feasible, create an inclusive advisory board from the refugee or local community to review proposals and judge the social value of the research. Finally, create a fast track independent IRB from a consortium of agencies (i.e. engaged academic networks) which include former-refugees.

Promote mechanisms to ensure confidentiality in field research. In settings where there may not be an IRB substitute available, a researcher must be able to convey the requirements necessary to maintain confidentiality without compromising the research. The WG made the following recommendations: Utilize a fluid set of principles adapted to the context rather than rigid set of rules; and recognize that there may be no way of obtaining confidential/ private interviews at times due to cultural and safety considerations. Obtain consent from participants if they could be identified by products of the research such as photographs. Weigh costs and benefits of making participants identifiable. Make the individual subjects' safety and security the top priority.

Ethical and participatory practices in study subject selection: The WG proposed the following practices in research subject selection: Engage affected communities in partnerships to discuss their priorities and collectively define the service and research agenda. Explore participatory research methods to engage communities in designing and shaping the research and interpreting outcomes. Try to ensure that communal and non-pathological processes such as resilience receive as much attention as mental and behavioral disorders. Include marginalized and vulnerable members of the community and those with little access to power (e.g., including different ethnic groups) in subject selection. Make research reflective and responsive to a changing agenda, and establish partnerships that foster local agency and empower the community and remain open to new ideas.

Establish mechanisms to ensure informed consent: Researchers should determine whether individuals have the capacity to give full informed consent. This includes adhering to the following guidelines: Provide a full explanation of why the research is being conducted, what it is for, why this subject is selected, and what it will involve on their part. Fully explain the costs and benefits of participation, including potential negative impact. Explain how the results will be stored and disseminated, and how confidentiality will be maintained. Be aware of power differentials between researcher and respondent that may increase their likelihood of participation. Utilize flexible consent procedures

such as informed oral consent instead of written. Avoid incentives that could be coercive or inappropriate. Understand that there may be false expectations from participants about the outcomes of the research. Take consent at multiple times during research process, including at the end of data collection; and take consent from multiple agencies including community, parents and partners as appropriate.

Promote ethnical standards in dissemination of research findings: Findings from research are often not disseminated appropriately among other NGOs or groups conducting work in the same area, which leads to a duplication of efforts and undue burden on research subjects. Recommendations included the following: Weigh costs and benefits of dissemination of pictures as well as the vulnerability of participants; If feasible, arrange feedback meetings after completion of the research and share findings with participants. Coordinate data collection and share findings with other NGOs and organizations. Develop an open source system that can track data collection efforts and locations to facilitate coordination and data sharing.

The WG views this set of recommendations as "a work in progress." They plan to further develop and refine the recommendations based on input from colleagues representing different regions of the globe with an emphasis on input from colleagues from low-resource countries. It is the group's hope that this body of ethical guidelines will be a living document of benefit to researchers and the NGO community alike, and that this community of humanitarians and researchers will together amend and clarify the steps necessary for conducting much needed ethical research, assessments, and evaluations of psychosocial and mental health interventions during the extreme conditions of complex emergencies.

WORKING GROUP 6

GLOBAL BURDEN OF SURGICAL DISEASE

Current Challenges

The WHO estimates that the burden of surgical disease due to war, self-inflicted injuries, and road traffic accidents will rise dramatically by 2020. During the 2009 Humanitarian Action Summit, members of the Burden of Surgical Disease Working Group met to review the state of surgical epidemiology, the unmet global surgical need, and the role international organizations play in filling the surgical gap during humanitarian crises, conflict and war. The following is an outline of the group's findings and recommendations.

Recommendations

In summary, the WG that met during the HHI/HAS makes the following recommendations:

Understand local context by conducting an assessment of needs, local resources and infrastructure prior to establishing a surgical program in a low income or humanitarian setting. A mechanism for follow-up should be considered, either with local partners or within the program itself.

Incorporate best practices into ongoing delivery of surgical care. IOs should revisit minimum requirements necessary for a functioning surgical program once they have established their program. A surgical safety checklist should be used when performing surgery. Post-operative follow-up should be an essential part of any surgical program.

IOs should collect data relevant to surgical conditions and their treatment. Such information would improve surgical care quality, cost and access provided by IOs. Relevant metrics may include breadth of procedures performed, volumes of specific procedures, estimates of surgical disease that the organization was unable to treat due to resource limitations, surgical outcomes, and post-operative complications. Such data may advance our understanding of the volume of global surgical services already provided and inform efforts to address unmet needs.

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Suggested Strategies

The implementation of these recommendations will be a topic of discussion at upcoming Burden of Surgical Disease meetings. In addition, the IO Surgical Delivery Survey will be published in its entirety. Finally, the role of surgery in humanitarian settings should continue to be studied and refined, not only during upcoming meetings, but by the continued involvement of surgical providers in the field and in other humanitarian forums.

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SUMMARY REMARKS

The Humanitarian Action Summit, now in its third year, was developed to address 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. 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 points, serve as a launching point to advance the professionalism, quality and accountability of humanitarian intervention.

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REFERENCES AND RESOURCES

Refer to the articles published in the Prehospital and Disaster Medicine theme Issue for all references and resources.

HUMANITARIAN ACTION SUMMIT WORKING GROUPS

Human Resources Development
Defining the profession of humanitarian response

Civilian Protection in Conflict
Implementing human rights principles on the frontlines

Information Communication & Data Management
Advancing evidence-based practice

Collaboration & Collective Action
Facilitating inter-agency dialogue for increased effectiveness

Mental Health in Crisis & Conflict
Developing minimum standards for emergency mental health services

Global Burden of Surgical Disease
Improving surgical epidemiology in war and disaster

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