The Humanitarian Gap – Old System, New Ways Forward: Does the humanitarian assistance model need to be changed?

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Magnitude and Burden of Forced Displacement

Figures for Forced Displacement (end of 2017)

- 68.5 million refugees
- 16.2 million newly displaced
- 44.4 million internally displaced people

Uneven Responsibility Sharing

Leading to the same countries bearing main responsibility for hosting

The same 10 conflicts have caused majority of forced displacement every year since 1991...

Leading to the same countries bearing main responsibility for hosting

The 10 conflicts, all in the Middle East and North Africa:
- Syria
- Iraq
- Afghanistan
- Yemen
- Sudan
- Eritrea
- Pakistan
- Somalia
- Ethiopia
- Chad
Humanitarian Norms and Current Trends

The Humanitarian ‘Norm’ was... (and still is)

- Low income countries in Sub-Saharan Africa
- Persons in refugee camps
- Weak governments and few functioning national NGOs
- Communicable diseases

Current Trends

- Prolonged crises
  - >90% of countries with humanitarian crises had humanitarian appeals for >3 years
- UN and Int’l NGOs receive funds
  - UN agencies and largest NGOs received 81% of humanitarian assistance (2010-2013)
  - Local and national NGOs directly received just 0.2% of total humanitarian assistance (2014)
- Increasing, new and complex mix of actors
  - Increasing number with varying competence
  - National gov’ts and local NGOs taking lead
  - Middle East gov’ts, Islamic agencies, and private sector

Syria

Palestinian and Syrian residents of Yarmuk Palestinian refugee camp crowding in a destroyed street as food is distributed by the United Nations in Damascus, Syria, Feb 2014. Photo: UNRWA via AP.

Refugees and migrants getting off a boat at the Greek island of Lesbos after crossing the Aegean sea from Turkey, Oct 2015. Photo:: Aris Messinis, Neills via Zuma Press.
Syrian boy Aylan Kurdi, 3 years old found dead on Turkish resort beach, Bodrum, Sep 2015. Photo Nilüfer Demir/DHA

Wounded Syrian 5 year old boy, Omran Daqneesh, sits alone in an ambulance after a deadly Aug 17, 2016. Photo AP.

Recommendations for Future Humanitarian Action

1. Operationalise concept of ‘centrality of protection’
2. Integrate affected persons into national health systems by addressing humanitarian-development nexus
3. Remake not simply revise leadership and coordination
4. Make interventions more efficient, effective, equitable and sustainable


Access


Recommendations:
• Interpret centrality of protection in inclusive manner
• Translate resolutions and laws into concrete actions including sanctions
• Do not restrict pop. movements nor undertake mandatory testing in humanit. emergencies except under exceptional circumstances
Air Strikes on Water Infrastructure by Month
Yemen (2015-2018)

Reference: Dr. P Wise and Ms. A Shiel, Stanford University as part of Johns Hopkins Report on Cholera in Yemen draft

2015 = black
2016 = blue
2017 = yellow
2018 = red

Recommendations:
• Take into account existing development strategies
• Integrate affected pop. into national health and education systems, avoid parallel services
• Compensate for temporary disruption of national cost-recovery systems
• Equitable access to quality services should be available to all persons in specific area regardless of status

2. Integrate affected persons into national health systems by addressing the humanitarian-development nexus cont

Recommendations:
• Undertake wholesale reform of humanitarian leadership and coordination
  • More customised approach
  • Fewer UN and int’l operational agencies
  • Prioritisation of key interventions by leader with sufficient authority
• Monitor closely
  • UN and INGOs who must relinquish influence and authority
  • Monitor closely WHO’s humanitarian reform process to ensure fundamental changes are made

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• Provide upfront investment by donors in health and WASH infrastructure
• Initiate multi-year funding

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• Provide upfront investment by donors in health and WASH infrastructure
• Initiate multi-year funding
• Actively and systematically scale up cash-based transfers
• Explore different health financing models

The Mosul Trauma Response: A Case Study

By summer 2016, Iraqi and coalition forces had retaken Fallujah and prepared to battle for Mosul

• Iraqi and coalition forces retook Fallujah in 2016 after months-long campaign that destroyed much of city
• Following Fallujah, Iraqi forces turned north-ward, with goal of retaking Mosul

Humanitarian Principles: An Overview

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<tr>
<th>PRINCIPLE</th>
<th>DESCRIPTION</th>
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<tr>
<td>Humanity</td>
<td>Human suffering must be addressed whenever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.</td>
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<tr>
<td>Neutrality</td>
<td>Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.</td>
</tr>
<tr>
<td>Impartiality</td>
<td>Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.</td>
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<tr>
<td>Independence</td>
<td>Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.</td>
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What Ultimately Happened...

WHO Plan for Echelons of Care

TRAUMA STABILIZATION POINTS
1. Located within 5km, or 10 minutes, of the frontline
2. Provide life-saving triage and resuscitation
3. Transfer seriously injured patients to field hospitals for care
4. Move with the battle

FIELD HOSPITALS
1. Located within an hour of the frontline
2. Provide life and limb-saving surgery and emergency care
3. Keep patients for 48-72 hrs. max, transfer more complex cases to tertiary facilities

TERTIARY REFERRAL CARE
1. Referral centers for more complex surgical cases (burns, neurosurgery, complex orthopedics)
2. Often located in Erbil or other cities away from the battlefield
3. Post-operative rehabilitation care

Co-locating/Embedding: Should humanitarian principles be “calibrated”?

WHO emphasized the humanitarian imperative to save lives above other principles

Co-locating/Embedding raised serious concerns over independence, neutrality, and some claimed impartiality

Many respondents were concerned that the co-locating/embedding with Iraqi security units violated the requirements of independence.

Questions regarding neutrality were raised as WHO officials and medical responders talked publicly of "defeating ISIS" and were unable to work with all factions.

Given that Mosul residents were predominantly Sunni and Iraqi military predominantly Shia, questions of impartiality regarding who would choose to come to the TSPs.
‘Humanitarian health is inherently political’

Vision

To pursue new knowledge and disseminate this learning to save lives and reduce human suffering and the consequences of humanitarian emergencies and disasters

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