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Challenges of Humanitarian Health Response to Disasters and Crises

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The humanitarian response to war-related crises and disasters has been gradually evolving from charitable but uncoordinated efforts to more systematized interventions. Large, multi-national organizations have developed significant technical and logistical capacity in responding to the public health needs of large, vulnerable populations. The field of humanitarian response has likewise evolved as a professional discipline to address population-based needs. For instance, aid organizations, technical experts, and United Nations agencies have recognized the need to apply field-adapted epidemiological methods to measure population-based needs, monitor programmatic progress, and provide feedback that impacts service delivery.

Unfortunately, the application of these methodologies has been inconsistent. Data collection in acute emergencies is limited by lack of baseline data, lack of technical personnel with humanitarian experience, inadequate sample selection, and lack of timely feedback to impact program evolution. While the field of disaster epidemiology has contributed significantly to the understanding of the health threats to war- and disaster-affected communities, the real-time availability of these data is extremely limited. As major public and private donor organizations seek to define benchmarks, there is a growing need among non-governmental organizations (NGOs) to consistently assess population-based needs through the collection of real-time data and utilize these data to inform the provision of services. In addition, there is an expectation that relief agencies consistently implement "evidence-based" interventions, guided by improved data collection and analysis. Yet, many agencies still fail to collect such data consistently, while there is little coordination and sharing of information among those who do.

The lack of health sector coordination and limited application of data-collection methods in the field is due partially to a lack of dialogue among health-related relief agencies, especially the NGOs. There is no forum for NGOs to meet regularly to discuss, brainstorm, and cultivate creative solutions to such issues as evolving best practices, technical assistance, human resource development, coordination of data collection and field programs, and information sharing—major domains in which the humanitarian response community continues to face challenges in its professional development.

To address these needs, the Dartmouth Medical School and the Harvard Humanitarian Initiative of Harvard University partnered with multiple non-governmental organizations, governmental organizations, donors, and technical experts to provide a platform for dialogue among these stakeholders to engage in these field-level issues. The First Annual Humanitarian Health Conference, held in Hanover, New Hampshire USA, in September 2006, provided a forum for discussion, analysis and networking for 51 organizations, including 24 operational NGOs, around the major challenges in the humanitarian health response to disasters and crises and proposed strategies and approaches that address those challenges. The four major domains of human resources development, technical oversight, data collection, and health sector coordination in the humanitarian health response inform this theme issue.

Mowafi *et al* introduce us to the personal and professional demands of working in poor, remote, and insecure settings, highlighting the fact that supervision usually is inconsistent particularly in isolated environments, and

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that systems are not in place for ensuring regular, constructive peer review, formal evaluation mechanisms, or enforceable professional standards or accreditation. Fortunately, they address these concerns and propose steps to develop human resources for the humanitarian health response. Bradt *et al* go further, suggesting quantitative competency benchmarks and field performance indicators in the personnel selection process.

It follows logically from human resource development that a focus on technical capacity of humanitarian health organizations is needed for developing evidence-based practice. Many NGOs have dedicated technical personnel, but there is great variability in the form and function of technical support services and the degree to which field programs can access technical expertise and develop institutional accountability to technical standards. Greenough *et al* explore the idea of establishing technical support units—readily deployed formalized health expertise that can be institutionalized within the management framework of a humanitarian organization.

Even when technical resources are in place, what information to gather, how to gather it, and how to analyze, interpret, and share it to improve humanitarian decision-making remains a goal for constant striving. Mock and Garfield provide a comprehensive overview of current data tracking initiatives, elaborate on the gaps and general lack of health information for decision-support to humanitarian action, and call for frameworks and focused steps to improve health tracking. Roberts, in a historical perspective, reflects on the areas of progress and shortcomings that have evolved in the relatively short history of evidence-based humanitarianism. Following his assessment of the state of evidence-based humanitarian practice, Bolton, McDonnell, and their colleagues, introduce "next generation" methods that address key shortcomings of field applications. For instance, they introduce us to the need to broaden program impact markers to include quantitative and qualitative unexpected impacts, positive and negative, and the weight of beneficiary perspectives; the need to employ practical methods to estimate the effectiveness of public health interventions that already exist within a program's capacity; and the need to systematically identify the organizational and management characteristics that successfully enhance and sustain health information systems in crises and disasters.

Coordination and collaboration will remain the glue that enables the body of humanitarian actors to move forward. Humanitarian agencies work in an environment that is competitive, often proprietary, and yet, require some degree of interagency coordination of services. This tension is more evident in large, acute crises that are highly publicized and draw many agencies to the field. While NGO consortia such as Interaction and the International Council of Voluntary Agencies (ICVA) have improved dialogue, there is much progress to be made in determining mechanisms and motivations for coordination of data and services in the inherently competitive environment of humanitarian assistance in the health sector. The study of Parmar *et al* sheds light on how the humanitarian community perceives this need and what is needed to confront this challenge.

Finally, humanitarian response does not occur in a geopolitical or geo-cultural vacuum. Prospective pieces from Leaning and Lobb remind us that complex forces influence humanitarian work and necessarily affect our ability to make progress on these challenges. The fight to maintain a humanitarian space, enshrined in international humanitarian law, and built on impartiality and neutrality, is tenuous—the space, shrinking. The power of the information age and the dynamics of media scrutiny, interpretation, and reporting frames our efforts, for better or worse. With a united voice, donors, NGOs, and beneficiaries must demand that the humanitarian space be defined and respected, and that their stories be accurately and cogently portrayed and reflected in the humanitarian response.

What these papers collectively represent is a call for practical, reasoned, and systematic approaches to inherently chaotic, complex, and often dangerous emergencies. They offer a remarkable amount of introspection in their analysis of four challenging domains of the health response in humanitarian crises and describe the compelling rationale for moving these issues forward. It is anticipated that, in establishing a strategic level of dialogue about issues relating to personnel, metrics, and coordination, the functional leaders in the humanitarian community can come together on an annual basis to make solid progress for change that reaches across the organizations, from leadership to field practice.

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