

Global Uptake of the Humanitarian Accountability Partnership Over Its First Ten Years

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HAP: Humanitarian Accountability Partnership International
NGO: nongovernmental organization

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Abstract

Introduction: Accountability in the delivery of humanitarian aid has become increasingly important and emphasized by the humanitarian community. The Humanitarian Accountability Partnership (HAP) was created in 2003 in order to improve accountability in the humanitarian sector. HAP acts as a self-regulatory body to the humanitarian system. One of the main goals of HAP is the promotion of accountability through self-regulation by members. Humanitarian nongovernmental organizations (NGOs) can become members by meeting standards of accountability and quality management set by HAP. This report describes the growth of HAP membership by the humanitarian community from its inception until present.

Hypothesis/Problem: The hypothesis for this study was that HAP membership has grown substantially since inception, both in terms of number of member organizations and annual budgets of member organizations, but that near universal membership has not yet been achieved.

Methods: A retrospective study was conducted to determine the total number and percentage of humanitarian NGOs that are members of HAP. Total expenditures of HAP members in 2010 also was measured and compared with the total humanitarian expenditure by all humanitarian NGOs for the same year. The reference year of 2010 was chosen in order to be able to compile accurate budgets for the largest possible number of HAP members. The total number of HAP members for the years 2005 through 2012 was divided by the estimated number of humanitarian NGOs active in 2010. The total budgets for HAP members in 2010 were divided by the estimated total humanitarian expenditure of all NGOs for 2010.

Results: As of the beginning of 2012, the percentage of humanitarian NGOs that were members of HAP was 1.6% (68 members out of 4400 organizations). The combined budgets of the member organizations of HAP in 2010 made up 62.9% of the total humanitarian expenditure for the year 2010 (US \$4.65 billion/7.4 billion).

Conclusion: A very small proportion of humanitarian NGOs have adopted HAP membership. However, HAP members account for almost two-thirds of all humanitarian expenditures. The humanitarian sector, therefore, remains without a universal regulatory and accountability structure, although progress has been made. Efforts should be made to increase the membership within HAP of more small to medium sized organizations.

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Introduction

In recent years, there have been many calls for increased accountability to populations affected by conflict and disaster.¹ Concern has been raised regarding an erosion in trust in humanitarian agencies,² which have increased expenditures without necessarily improving performance.³ Experts in the humanitarian sector have identified accountability as a top priority for the humanitarian sector,⁴ and advocated for improved coordination⁵ and collaboration⁶ in humanitarian responses. Efforts have been made to prevent corruption,⁷ register foreign medical teams,⁸ increase participation of affected populations,⁹ and professionalize the field.¹⁰

This current drive for accountability was born out of the troubled international response to the Rwandan Genocide of 1994.¹¹ One of the key conclusions of the subsequent United Nations investigation was that the international humanitarian system

<p>Humanity: concern for human welfare and respect for the individual.</p> <p>Impartiality: providing humanitarian assistance in proportion to need, and giving priority to the most urgent needs, without discrimination (including that based upon gender, age, race, disability, ethnic background, nationality or political, religious, cultural, or organizational affiliation).</p> <p>Neutrality: aiming only to meet human needs and refraining from taking sides in hostilities or giving material or political support to parties to an armed conflict.</p> <p>Independence: acting only under the authority of the organization's governing body and in line with the organization's purpose.</p> <p>Participation and Informed Consent: listening and responding to feedback from crisis-affected people when planning, implementing, monitoring, and evaluating programs, and making sure that crisis-affected people understand and agree with the proposed humanitarian action and are aware of its implications.</p> <p>Duty of Care: meeting recognized minimum standards for the well-being of crisis-affected people, and paying proper attention to their safety and the safety of staff.</p> <p>Witness: reporting when the actions of others have a negative effect on the well-being of people in need of assistance or protection.</p> <p>Offer Redress: enabling crisis-affected people and staff to raise complaints, and responding with appropriate action.</p> <p>Transparency: being honest and open in communications and sharing relevant information, in an appropriate form, with crisis-affected people and other stakeholders.</p> <p>Complementarity: working as a responsible member of the aid community, coordinating with others to promote accountability to, and coherence for, crisis-affected people.</p>
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Figure 1. The HAP Standard Principles

Abbreviations: HAP, Humanitarian Accountability Partnership.

needed an accrediting body.¹² In 2003, the Humanitarian Accountability Partnership International (HAP, Geneva, Switzerland) was created to fill this role. Rather than establishing a mandatory system of external regulation, as is common in other sectors, HAP was established as a voluntary, self-regulatory agency for humanitarian organizations,¹³ with a focus on quality, in addition to accountability.¹⁴ The HAP promotes a set of core principles upon which its standard is built (Figure 1). By making HAP membership and certification optional, the humanitarian sector favored a soft launch, avoiding potential backlash against the initiative, but allowing for the possibility that a substantial portion of humanitarian organizations would not join in a timely fashion.

After ten years of growth and implementation of HAP, it is important to assess the progress of uptake of membership by humanitarian organizations. No alternative universal and mandatory accrediting body has emerged. This study describes the growth of HAP membership from 2003 through 2012, measured in terms of both number of organizations and total annual budgets. This analysis was conducted to measure progress toward the goal of an accreditation system laid out in the 1999 Rwanda Report.¹² The hypothesis for this study was that HAP membership has grown substantially since inception, both in terms of number of member organizations and annual budgets of

member organizations, but that near universal membership has not yet been achieved.

Methods

Data Sources

The list of organizations that were members of HAP for each year 2003–2011 were retrieved from the HAP annual reports for these years.¹⁵ The 2012 HAP membership was obtained from the HAP website. The annual expenditures of the member organizations were obtained from their organizational websites and most recent available annual reports, which were in general from 2010. Those nongovernmental organizations (NGOs) for which no budget was publicly available were first contacted via email, then telephone. The few NGOs whose budgets could not be obtained via the above methods all fell into tier five in the State of the Humanitarian System report, corresponding to annual budgets of less than US \$10 million.¹⁶ These organizations were therefore assigned an estimated budget of US \$10 million, erring on the side of overestimation of uptake. This rounding likely did not have a significant impact on the calculated proportions, given that the total estimated global expenditure was US \$7.4 billion for 2012.

The estimated total number of humanitarian organizations worldwide and the total estimated humanitarian expenditures

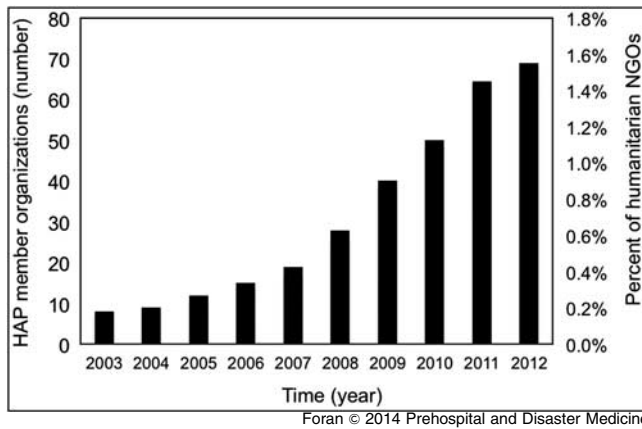


Figure 2. Growth in Number of Members in HAP International 2003-2012
 Abbreviations: HAP, Humanitarian Accountability Partnership; NGO, nongovernmental organization.

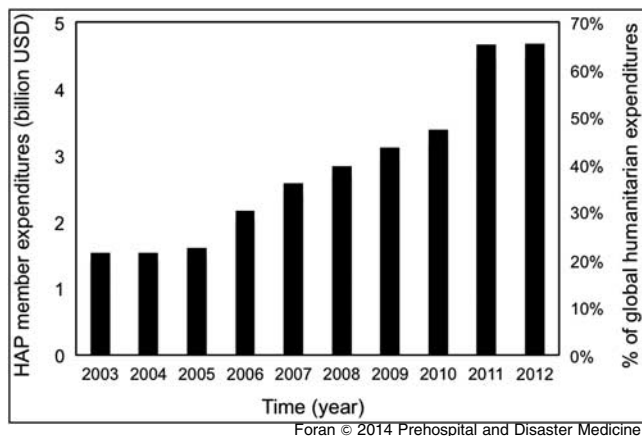


Figure 3. Growth in Total Expenditures by Members of HAP International 2003-2012
 Abbreviations: HAP, Humanitarian Accountability Partnership.

worldwide were obtained from the 2012 State of the Humanitarian System report.¹⁶

Analysis

The total number of organizations that were members of HAP was tallied for each year, 2003 through 2012. These tallies were divided by the estimated total number of humanitarian organizations worldwide to produce the percent penetration of HAP in the sector for each year. The year 2012 was used as the baseline for estimated total number of humanitarian organizations (4,400 according to the 2012 State of the Humanitarian System report, though estimates vary).

The combined annual expenditures of organizations that were members of HAP were tallied for each year, 2003 through 2012. These cumulative expenditures were divided by the total estimated worldwide humanitarian expenditures obtained from the 2012 State of the Humanitarian System report.

The data obtained from the State of the Humanitarian System report are best available estimates and do not include confidence intervals. The calculations in this study based on these figures are

NGO	2012 Expenditures (US \$million)
Care International	794
Plan International	570
Oxfam UK	413
Save The Children UK	404
Action Aid	289
Concern Worldwide	188
Norwegian Refugee Council	167
International Medical Corps	157
Norwegian Church Aid	140
Christian Aid UK	136
Acted France	129

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Table 1. HAP Member Organizations with Budgets > US \$100 Million in 2012

Abbreviations: HAP, Humanitarian Accountability Partnership; NGO, nongovernmental organization.

therefore estimates as well; no confidence intervals could be calculated for data points on the resulting graphs.

The data collection did not involve human subject research and all data analyzed are publically available. Therefore, research did not meet criteria for submission to an institutional review board or ethics committee.

Results

The growth in membership in HAP from 2003 through 2012 is shown in Figure 2. In 2003, HAP had a total of eight members. By 2012, HAP reported 68 members. This amounts to a more than eight-fold increase in membership over ten years. Although this relative growth is impressive, the percentage of humanitarian organizations that were members of HAP remained quite low, still less than two percent by the end of 2012.

The growth in total expenditures by HAP members from 2003 through 2012 is shown in Figure 3. Although the number of organizations that joined in 2003 was small, their budgets were, on average, large. This trend had continued over the subsequent nine years. By the end of 2012, although only 1.6% of humanitarian organizations were members of HAP, approximately 63% of global humanitarian expenditures were attributable to HAP member organizations.

Humanitarian Accountability Partnership member organizations with budgets greater than US \$100 million in 2012 are shown in Table 1.

Discussion

These results portray a mixed picture with regards to progress toward a universal accrediting body for the humanitarian system. Humanitarian Accountability Partnership membership has grown steadily since inception, now including many of the largest, oldest, and most respected humanitarian organizations in the field. Now, HAP members account for more than half of all

humanitarian expenditures, though the vast majority of existing organizations have not joined. The goal of avoiding backlash against an accrediting body has been achieved, as HAP has been generally well received since inception. Unfortunately, the risk of slow uptake is also now evident, especially amongst smaller organizations. These smaller organizations could be those that would benefit most from accreditation, as they are often younger, and they may have relatively little internal accountability programming or expertise. There are also notable large organizations that have not joined HAP, including Medecins Sans Frontiers (Geneva, Switzerland) and Catholic Relief Services (Baltimore, Maryland USA), both in the top five globally in terms of total annual expenditures.¹⁶

One way to achieve near universal coverage of an accreditation system in the humanitarian sector is to make certification mandatory, not voluntary. Given the progress made by HAP over the past ten years, the humanitarian sector should now consider mandatory membership and certification, growing the mandate of HAP, and building on progress made. Improvements in accountability are critical to the future of the humanitarian sector, and HAP can play a key role in continued progress. At the same time, it is also important to promote efforts aimed at convergence of the various quality and accountability initiatives. These collaborations are gaining momentum, including the joint standards initiative,

which has brought together HAP, People in Aid (London UK), and The Sphere Project (Geneva, Switzerland).¹⁷

Limitations

All calculations and figures are based on best available estimates. The exact number of humanitarian organizations globally and exact total humanitarian expenditures are not known. The calculations reveal illustrative estimates only. Data from 2010 were used to estimate organization expenditures for the period 2005-2012; a similar growth rate between organizations and the sector overall during this period was assumed.

Conclusion

By 2012, ten years after inception of HAP International, less than two percent of humanitarian organizations were members, but the expenditures of these organizations accounted for over two-thirds of the global total. Although steady incremental progress was made over the first ten years, uptake was disproportionately seen among larger organizations. Efforts should be made to increase uptake among small to medium sized groups. The humanitarian sector should also now consider transitioning to a mandatory regulatory system to reach the stated goal of universal accreditation and oversight.

References

- Kirsch T, Siddiqui MA, Perrin PC, Robinson WC, Sauer LM, Doocy S. Satisfaction with the humanitarian response to the 2010 Pakistan floods: a call for increased accountability to beneficiaries. *Emerg Med J*. 2013;30(7):565-571.
- Jayasinghe S. Erosion of trust in humanitarian agencies: what strategies might help? *Glob Health Action*. 2011;4:8973.
- Growth of aid and the decline of humanitarianism. *Lancet*. 2010;375(9711):253.
- Foran MP, Greenough PG, Thow A, et al. Identification of current priorities for research in humanitarian action: proceedings of the First Annual UN OCHA Policy and Research Conference. *Prehosp Disaster Med*. 2012;27(3):260-266.
- Burke FM Jr., Redmond AD, McArdle DF. An authority for crisis coordination and accountability. *Lancet*. 2012;379(9833):2223-2225.
- Miles R, Stevens E, Erickson J, Loke A. *Collaboration in Crises: Lessons in Community Participation from the Oxfam International Tsunami Research Program*. Boston, Massachusetts USA: Oxfam America; 2009.
- Maxwell D, Bailey S, Harvey P, Walker P, Sharbatke-Church C, Savage K. Preventing corruption in humanitarian assistance: perceptions, gaps and challenges. *Disasters*. 2012;36(1):140-160.
- Redmond AD, O'Dempsey TJ, Taihe B. Disasters and a register for foreign medical teams. *Lancet*. 2011;377(9771):1054-1055.
- Miller J, Stolz K, Ferris E. *Moving Beyond Rhetoric: Consultation and Participation with Populations Displaced by Conflict or Natural Disasters*. Washington, DC USA: The Brookings Institution; 2008.
- Walker P, Hein K, Russ C, Bertleff G, Caspersz D. A blueprint for professionalizing humanitarian assistance. *Health Aff (Millwood)*. 2010;29(12):2223-2230.
- Dabelstein N. Evaluating the international humanitarian system: rationale, process and management of the joint evaluation of the international response to the Rwanda genocide. *Disasters*. 1996;20(4):286-294.
- Report of the Independent Inquiry into the Actions of the United Nations During the 1994 Genocide in Rwanda*. New York, New York USA: United Nations; 1999.
- Lloyd R, Casas L. *NGO Self-regulation: Enforcing and Balancing Accountability*. London UK: One World Trust; 2006.
- Hilhorst D. Being good at doing good? Quality and accountability of humanitarian NGOs. *Disasters*. 2002;26(3):193-212.
- The 2011 Humanitarian Accountability Report*. Geneva, Switzerland: HAP International; 2011.
- Taylor G, Stoddard A, Harmer A, et al. *The State of the Humanitarian System*. London UK: ALNAP, Overseas Development Institute; 2012.
- Joint Standards Initiative. 2012. Joint Standards website. www.jointstandards.org. Accessed December 7, 2012.