

The Summit

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When a man does not know what harbor he is making for, no wind is the right wind.

(Ignoranti Epistulae ad quem portum petat, nullus suus ventus est).

Seneca

Lucillum, Epis. Lxxi, 3

The Supplement to this issue of *Prehospital and Disaster Medicine (PDM)* is a compendium of the proceedings of the 3rd Humanitarian Action Summit hosted by the Harvard Humanitarian Initiative (HHI) in Boston in March 2009. Participants in the Summit were experienced representatives of the humanitarians who work on-the-ground as well as of donors who support humanitarian causes. The papers address some of the important issues faced by the Humanitarian Community in its efforts to provide assistance to stricken populations. The documents summarize the core of the activities of the voluntary Working Groups before and during the Summit. During the year prior to the meeting, the respective Working Groups deliberated and defined the core issues to be addressed. The Summit Working Groups dissected many of the important issues with the objectives of providing answers to some of the issues and to provide guidelines for future activities. In addition, several keynote speakers, including Sir John Holmes, Under-Secretary General of the United Nations, helped to frame the current and future issues and provided the participants with important, relevant perspectives. Special thanks to the organizers, Skip Burkle and Mike VanRooyen and the staff of the HHI for making this important meeting a success. The commitment to identifying and assigning priorities and for making headway into solving important issues is evidenced by the rapidity with which the manuscripts from the meeting were prepared and submitted—they are published within four months following the conclusion of the Summit. The results demonstrate the ongoing drive of the participants and their organizations to improve the work of the Humanitarian Community and the benefits of their actions. Other than the Global Health Cluster (GHC), there is not any forum for the exchange of ideas and attempts to solve shared issues relative to humanitarian activities.

The issues faced by the Humanitarian Community are substantial and the future will place increasing demands for their services. This increasing demand runs contrary to the current economic crisis, since, while responsibilities increase, funding is likely to decrease. Further, the paucity of coordination and control of the responses (relief and recovery) demonstrated in previous and ongoing responses will lead to increasing scrutiny of the actions of the Humanitarian Community. External evaluations of the

needs, effectiveness, efficacy, efficiency, costs, and benefits of the programs (interventions) are on the horizon. Although such evaluations are not intended to be threatening, there is a pervasive fear that any findings that are critical will bear negatively on the ability to attract funds for future activities. But, the potential threat that could be associated with negatively perceived findings raises caution flags relative to participating in evaluations. So far, participation in attempts at coordination and control have been voluntary. However, as demonstrated following the earthquake and tsunami of 2004, some governments are beginning to limit the entry of expatriate organizations professing to provide needed assessments, goods, and services. As stressed during the recent meeting of the GHC (June 2009) and as expressed by Eric Laroche, Assistant Director General of the World Health Organization (WHO) and Director of the its Health Actions in Crisis Department, there is a pressing need for accountability and quality assurance of humanitarian assistance. But, it must be stressed that quality assurance is directed at quality improvement and not at embarrassment or punishment. Evaluations are not criticism, but as ways of helping to improve outcomes (benefits to the afflicted population), efficiency, and costs. This must be the mantra under which evaluations will be conducted and reported. Evaluations must be viewed as a positive process, and it will be the responsibility of those performing the evaluations to make them so.

A major issue for the conduct and reporting of evaluations is the structure in which the data/information are collected and reported. In order to maximize the utility of the information for the general good and for the development of the science and, hence, the competencies required for best practices, the reports must be uniform in structure, use generally accepted definitions, and be placed into specific longitudinal phases so that the findings can be compared. Similar findings progressively add to the validity of the conclusions, and hence, to the science. Assessment tools must be developed, tested, and implemented using sets of standardized, generally accepted indicators of function.^{1,2} It is from the data/information collected during the conduct of assessments that we can synthesize the information into needs and the changes in functions that occur as the result of the precipitating event(s) and/or interventions. Without the use of such a universal reporting structure, the reports cannot be readily synthesized into the most appropriate best practices. The *Guidelines for Evaluation and Research* that will be published this year by the Task Force for Quality Control of Disaster Management and the WADEM will help to form the basis of such a structure

and the revised Sphere Standards will provide more of the indicators of function that will be incorporated into the evaluation and research processes. The Humanitarian Health Community and the donors must have input into the development and testing of these tools and processes. The structure must belong to the Humanitarian Community. Further, all such reports should become part of a standard, uniform database that is easily accessible. The codification of such processes and their development must be shared jointly by the WADEM, the WHO, and the Global Health Cluster. The utility, effectiveness, efficacy, efficiency, costs, and benefits from all interventions must be evaluated. The structure and indicators used must remain living and be modified, as required, in order to become more and more useful.

The Report of the Mental Health and Psychosocial Support Working Group³ has relevance far beyond the conduct of research into the mental health and psychosocial issues that are part of crises and conflict. It lays an ethical framework for *all* research conducted during and following disasters. The ethical framework should become the bible regarding ethics associated with the conduct of research by all elements of the Humanitarian Community. This is a first effort; the framework constitutes a living document. It should form the basis of a construct for educational courses on the conduct of disaster research.

One other topic discussed during the Summit and included in the Supplement is the Professionalization of Humanitarian Health Assistance.⁴ This Report is the result of a survey conducted by this Working Group. The report notes that there exists a "community of humanitarian health workers" that consists of humanitarian health professionals and health-specific technical experts. The results from the survey indicates that there is a desire for self-identification and that there is a need for the development of a professional society for humanitarian health workers. The professed goals of such a professional society would be: (1) the provision of education and training, networking, and dialogue; and (2) the development and definition of core competencies to support best practices. There is a growing need for these organizations to exchange ideas and to deal with issues specific to their practice. The Summit is one such forum.

However, rather than forming another new organization (professional society), the Humanitarian Community should consider the formation of a Special Interest Section of the World Association for Disaster and Emergency Medicine (WADEM), much as has been done by the disaster nurses. The Nursing Section has its own administrative structure, and has convened special interest sessions and meetings during the World Congresses for Disaster

and Emergency Medicine. The nurses discuss important issues facing the world disaster/emergency nursing community. It publishes its own digest of important developments in disaster and emergency nursing (*Nursing Insight*), publishes Supplements to *PDM*, and has its own designated area on the WADEM Website. Currently, the Emergency Medical Services professionals are in the process of the forming an EMS Section. The advantage of nesting a Humanitarian Section within an organization such as the WADEM is the WADEM is a non-operational, academic organization that can provide a supporting administrative structure and meetings planned with the services of a core professional conference organizer in accordance with the needs of the Section. Further, such Professional Interest Sections have representation on the Board of Directors of the WADEM, and thus, help to determine its direction and policies. The WADEM provides an ongoing forum for discussion and integrates the special interests into its overall activities. In addition, the WADEM is in the process of forming regional chapters and academic and research centers aligned with the Regional Offices of the WHO. This approach seems a reasonable consideration for the Humanitarian Community and its implementation will help to prevent fragmentation of the larger disaster and emergency care community.

The Summit has made a huge contribution in providing a forum for the realization and discussion of important issues facing the Humanitarian Health Community and the unfortunate souls that are devastated by disaster. As Jennifer Leaning professed in her keynote address during the 15th World Congress on Disaster and Emergency Medicine on 14 May 2007, it is time for the communities to come together and not continue along parallel tracks.⁵ The 3rd Humanitarian Action Summit was an auspicious beginning. The participants are the saviors of many who have had the misfortune of being the victims of a catastrophe. They unconditionally seek to better the fate of humankind. The world owes these selfless workers its ongoing gratitude.

However brilliant an action may be, it should not be accounted great when it is not the result of great purpose.

(Quelque écalante qui soit une action, elle ne doit pas passer pour grande lorsqu'elle n'est pas l'effet d'un grand dessein.)

La Rochepoucauld
Maximes, No. 160.

*This could have happened but once,
And we missed it, lost it forever.*

Robert Browning
Youth and Art

References

1. Bradt DA: Evidence-based decision-making (Part I): Origins and evolution in health sciences. *Prehosp Disaster Med* 2009;24(4):298–301.
2. Smith E, Wasiak J, Sen A, Burkle FM Jr: Three decades of disasters: A review of disaster-specific literature from 1977–2009. *Prehosp Disaster Med* 2009;24(4):306–311.
3. Allden K, Jones L, Weissbecker I, Wessells M, Bolton P, Betancourt TS, Hijazi Z, Galappatti A, Yamout R, Patel P, Sumathipala A: Mental health and psychosocial support in crisis and conflict: Report of the Mental Health Working Group. *Prehosp Disaster Med* 2009;24(4):s217–s227.
4. Kene M, Pack ME, Greenough PG, Burkle FM: Professional humanitarian-health assistance: Report of a survey on what humanitarian workers tell us. *Prehosp Disaster Med* 2009;24(4):s210–s216.
5. Leaning J: Disasters and humanitarian crises: A joint future for responders? *Prehosp Disaster Med* 2008;23(4):292–294.