AN AUTHORITY FOR HUMANITARIAN COORDINATION AND ACCOUNTABILITY
AUGMENTING THE TRANSFORMATIVE AGENDA?

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MILESTONES IN HUMANITARIAN REFORM

The 1990-91 Kurdish Refugee Crisis led to UN Res 46/812 and the establishment of the Emergency Relief Coordinator, CAP, CERF and IASC.

Since then, the international community has undergone rapid growth in numbers, organizational size and diversity,

And a number of major events have driven humanitarian reform..

DRIVERS OF HUMANITARIAN REFORM

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1996 JOINT EVALUATION IN RWANDA: SPHERE STANDARDS

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2005 HUMANITARIAN REFORM PROCESS,
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2011-12: TRANSFORMATIVE AGENDA

IS IT TIME TO CREATE A FORMAL MECHANISM FOR

ORGANIZATIONAL COORDINATION AND ACCOUNTABILITY
FOR ALL HUMANITARIAN ACTORS?

AN AUTHORITY FOR HUMANITARIAN COORDINATION AND ACCOUNTABILITY

AUGMENTING THE TRANSFORMATIVE AGENDA?

Vantage point

Context of a Global Authority: Transformative Agenda

Precedents: The IHR Treaty

The pros and cons for a global authority

Choosing battles and the FMT example

Some ideas for the future

VANTAGE POINT I

Health services in level 3 emergencies
Observations from NGO field operations
Interface with UN coordination bodies
Participation with USAID, OFDA and CAP processes
Current participation in humanitarian optimization

HHI'S CURRENT WORK WITH IASC MEMBERS

A few highlighted programs:

OCHA: KOBO Toolbox and Disaster Relief 2.0
UNDP: DRC access to justice and justice monitoring
UNDP: DDR evaluations in CAR, Chad, DRC
UN Women: Gender and justice
WFP: Systems optimization, and KOBO
ICC: West Africa survey on legal access
ICRC: IHL research, Crisis mapping
IFRC: Editing World Disaster Report 2013
OFDA/OCHA: BBR Program

CONTEXT FOR A GLOBAL AUTHORITY: THE TRANSFORMATIVE AGENDA

TRANSFORMATIVE AGENDA'S MOTIVATION FOR CHANGE

The Transformative Agenda has noted the following major trends as an impetus for reform and optimization:*

Rise in disasters, urbanization, economic migration

Trend toward militarization of aid

Advances in information technology

Increase in the number of actors

Need for host governments to lead

* Coordination to Save Lives: History and Emerging Challenges: OCHA Policy Studies Series 2012

TRANSFORMATIVE AGENDA'S THREE PART PLATFORM

IASC Transformative Agenda Chapeau and Compendium of Actions 19 January 2012 and Reference Documents describe the internal IASC and OCHA capacity building for each of the three pillars for level 3 emergencies.

Leadership enhancement: Expanded roles of HCs and HCTs.

Coordination enhancement: Cluster modifications

Accountability enhancement: HC, HCT, and Clusters

THE PREMISE FOR PARTICIPATION

Participation by NGO and IO actors in the Cluster System, and the humanitarian coordination system require:

Organizational participation throughout the cycle

Acknowledgement of a set of universal standards

Willingness to coordinate and share information

Accountability (even vague) for actions in the field

The rub: many organizations fall outside of requirements....

HUMANITARIAN REFORM

What are we trying to fix?

HUMANITARIAN REFORM

Mass influx of ad hoc responders

HUMANITARIAN REFORM

INGO autonomy without accountability

HUMANITARIAN REFORM

Growing Military Participation

HUMANITARIAN REFORM

Weak national government regulatory structures

HUMANITARIAN REFORM

Variation in quality and accountability

IS THERE A NEED FOR A GLOBAL AUTHORITY IN HUMANITARIAN ACCOUNTABILITY?

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Is there a need and a plausible mechanism for addressing the issue of organizational and individual accountability for professional standards of humanitarian relief providers?

Issues to address:

Professional standards, ethics, credentials and competencies

Participation in Cluster coordination mechanisms

General and sectoral accountability of individuals and organization

WHAT DO WE MEAN BY A "GLOBAL AUTHORITY"?

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A "Global Authority" is a body that is charged by its member constituents to create, maintain, oversee and regulate a global function.

A Global Authority in humanitarian accountability is a central authority, tasked by member states, to oversee specific attributes of the humanitarian response mechanism. *

A "GLOBAL AUTHORITY"

A "Global Authority" would operate under the aegis of a global treaty and international law.

.A legally binding agreement that compels member states/signatories to comply with certain practices.

The signatories would be national representatives that commit their governments to a series of rules, actions and accountability for those actions.

IS THERE A USEFUL MODEL FOR A GLOBAL AUTHORITY IN COORDINATION AND ACCOUNTABILITY?

A MODEL FOR A GLOBAL AUTHORITY IN COORDINATION AND ACCOUNTABILITY?

The International Health Regulations (IHR, 2005) represent an international agreement that is legally binding on 194 countries, including all WHO member states (through the World Health Assembly)

THE INTERNATIONAL HEALTH REGULATIONS (IHR) TREATY OF 2005

Provides a mechanism for protecting global public health security while minimizing disruption to inter-national travel and trade.

Prevents, controls and provides a public health response to the

international spread of infectious diseases.

Reduces public health risks, and avoids unnecessary interference with international traffic and trade.

IHR 2005 SEVEN STRATEGIC ACTIONS

Foster global partnerships

Strengthen national disease surveillance

Strengthen public health security in transport

Strengthen WHO global alert capacity

Strengthen management of specific disease risks

Sustain rights, and obligations

Conduct studies and monitor progress

Based on a model of strengthening national
    response capacity (key feature)

THE FUNDAMENTAL DIFFERENCES BETWEEN
THE IHR TREATY AND A GLOBAL HUMANITARIAN AUTHORITY

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IHR **does**:

recognize and act through national health bodies

focus on epidemic public health threats

address issues of safety and economic security

create a mechanism for national capacity building

create clear, pre-epidemic strategies and plans

THE FUNDAMENTAL DIFFERENCES BETWEEN
THE IHR TREATY AND A GLOBAL HUMANITARIAN AUTHORITY

IHR **does not**:

regulate a large number of external actors (NGOs, IO's)

create rules for external actors

cross multiple UN agencies

cross multiple technical disciplines

operate in failed states or crises affecting infrastructure

WHAT WOULD A GLOBAL AUTHORITY ON HUMANITARIAN ACCOUNTABILITY NEED TO LOOK LIKE?

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GA would involve multiple UN, governmental, military and civilian responders in multiple sectors from many countries.

GA would operate in highly complex political environments, failed states and disaster settings with restricted access and many political barriers.

GA would have to consider and endorse *individual* credentialing and *organizational* certification.

Ok, so let's take a shot at something do-able...
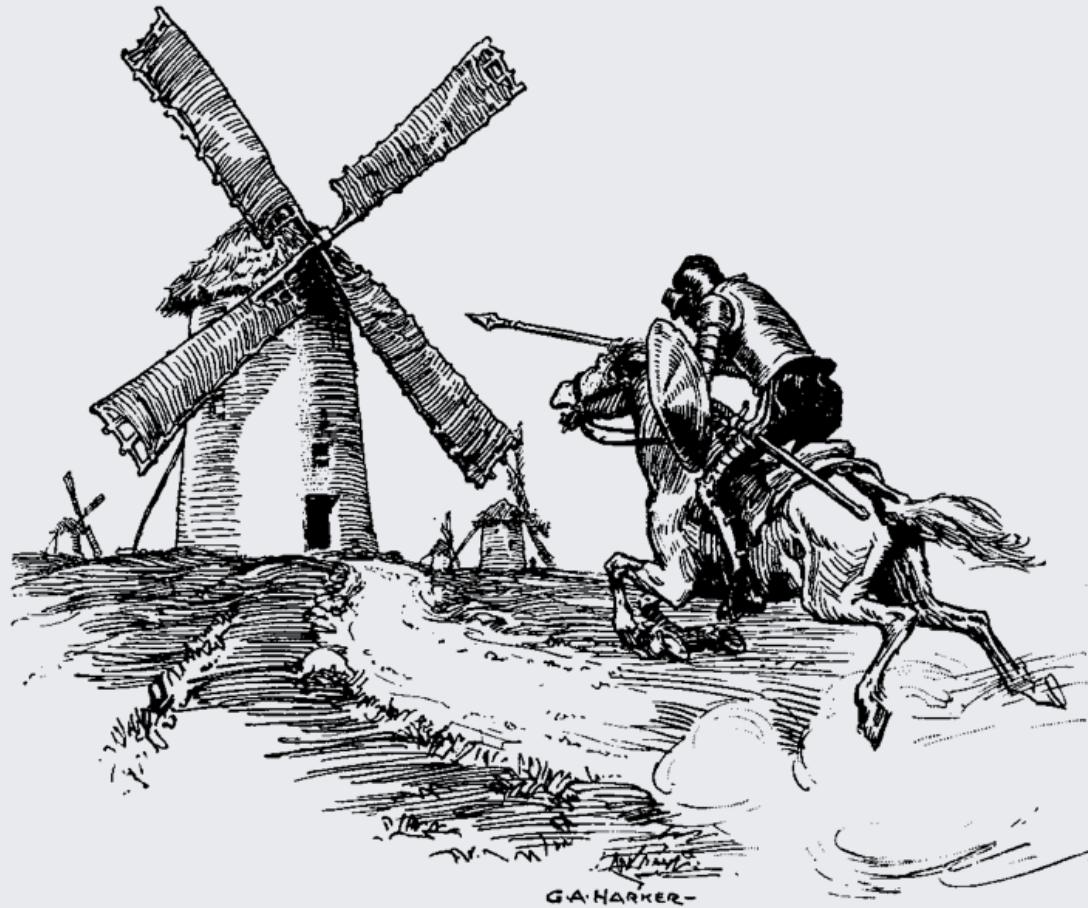
CAN WE CREATE A MECHANISM OF ACCOUNTABILITY IN CERTAIN KEY AREAS?

WHAT KEY AREAS?

Well, let's go back to our real problem areas....

Huge number of providers with high variability

Military humanitarian intervention (US, NATO, others)

Weak national response capacity

Variability in organizational quality and accountability

KEY AREAS

Provision of oversight for credentialing in definable areas

Broker accepted standards for selected sectors

Establish metrics of legitimacy that are globally recognized

Empower host nations to enforce regulations

Can such an authority be created to support aspects the Transformative Agenda and the enhanced roles of the HC's and the Cluster System?

COORDINATION AND REGISTRATION OF PROVIDERS OF FOREIGN MEDICAL TEAMS IN THE HUMANITARIAN RESPONSE TO SUDDEN-ONSET DISASTERS:

A HEALTH CLUSTER CONCEPT PAPER

Based on the WHO Guided Consultation on Foreign Medical Teams (FMT's) in Havana (12-9-10), consensus on the function of FMTs

International Registry

Principles and coordination mechanism

Information sharing and capacity prediction

Minimum service requirements

Linked to access to CAP funders

FOREIGN MEDICAL TEAMS

FMT registration and regulations could work because...

Definable international competencies

Reasonable chance of consensus on service provision

May provide ways for FMT "wanna be's" to get in the game responsibly

A clear Cluster Lead (Health)

Definable and graded metrics of registration

Future (albeit perilous) path toward CERTIFICATION

(health care providers are used to certification...)

But it could fail for all of the same reasons....

ROLES FOR A GLOBAL AUTHORITY

(This is the audience participation portion of the program)

ROLES FOR A GLOBAL AUTHORITY

Burkle et al describe the roles of a Global Authority as:

1. Guarantee a stable and strategic return to development
2. Introduce universal standards at every level of response, prevention and preparedness.
3. Endorse a process for accreditation and accountability of providers.

Given our discussion, we might consider focusing on a few intermediate goals.....

ROLES FOR A GLOBAL AUTHORITY

Capacity building for national government structures

Creating a mechanism (through a cluster lead, such as the health cluster) to convene, resource and empower the local authorities and national leaders (MOH) to lead and regulate outside entities.

This could take the form of simple provider registration, with demonstration of some sort of credential or pre-approval.

A good example might be the OCHA UNDAC structure

ROLES FOR A GLOBAL AUTHORITY

Creation of basic certification in capacity for external actors

This may have to be sector specific, such as registration of FMT's. While unlikely to be formally ratified, such basic certification can become the accepted norm.

This may take the form of membership with a larger collective like InterAction, ICVA, SCHR etc.

This may also take the form of the FMT model

ROLES FOR A GLOBAL AUTHORITY

Mechanism for individual certification

One of the stickier issues. The discussion around certification, in response to the ELRHA Scoping Study is a complex one.

Professionalization issues, core competencies and certification mechanisms for individuals require a broad commitment, mass dissemination, certifying body and some form of accountability.

This may take the form of OCHA endorsement of some core trainings and a mechanism for recognizing certification.

THE COST OF INACTION

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Risk that the national authorities use the misdeeds of one to deny or restrict access, or threaten the safety of responders.

Continued limitations in the functionality and participation of national entities like ministries of health.

Continued difficulty in establishing and enforcing standards or measuring impact and improving service quality.

Continued growth in the number of non-professional actors who, encouraged by crises like Haiti, build more teams with untrained participants and unregulated activities.

SOME PARTING SHOTS

If I can't dance to it, it's not my revolution."

Emma Goldman: Anarchist

COMMENTS, QUESTIONS, ETC..