We have a variety of experiences to compare with in determining the needs for policy development and coordination of action in response to the Tsunami.

Disasters including the Orissa cyclone and floods, the Bam earthquake of 2003, and The Gujarat earthquake of 2001 have highlighted the problems of coordination, and the effectiveness and timeliness of assistance. We are able to draw on the major multilateral evaluations done in recent years. These include response to Hurricane Mitch in Central America in 1998, where coordination of assistance was poor and accountability or funds used was often lacking. The multi-agency evaluation of assistance to emergencies in the Great Lakes Region in Africa, carried out in 2003, also pointed to problems in coordination, timeliness, and appropriateness of assistance in the more complex political landscapes there. More hopefully, parallels in the region can be drawn to the Asian financial crisis which began in 1997. In that last event, it was believed that 10s of millions of people would be trust back into poverty for a generation as the region slowly recovered stability and fiscal governance. It is testimony to resilience and adaptation that those events, from eight years ago, have already been virtually forgotten. We can hope that eight years from now societies will similarly have moved on to new issues and the impact of the tsunami will recede in importance.

Together, the issues raised by these crises and the analysis of them to follow include:

- That much assistance arrived too late to be effective. This included, for example, surgical supplies which arrived only after the first few weeks, when the period for emergency surgeries had already passed.
- A perception that there was often more competition than coordination among UN agencies with groups vying for publicity and position, with no effective lead agency or agencies unwilling to let others lead them.
• Many agency actions were donor Driven, Rather than Need, Driven

• Sometimes too Many NGOs were presence, creating Much Overlap in functions, but with Limited Relevant Expertise in key areas

• International staff sometimes did Some Jobs that were Better Done by Locals

• Capacity development was sometimes lacking, but Recovery, Resilience, and Preparedness Depends on Developing just such local expertise

• Agencies sometimes showed more accountability to donors than to the beneficiaries of their actions albeit rhetoric and ideology always focused on beneficiaries

Many of these problems related to the nature of UN relations with local authorities. As the UN is an organization based on state sovereignty,

• UN Effectiveness may be limited where no government exists or governance is ‘under duress’ with a high level of rights violations

• In Such Situations, there is a Need for Peacekeeping or Peace Enforcement which may take precedent over responding to humanitarian needs

• These issues remain unresolved, and there are typically Ambivalent Relations Between Humanitarian and Security Roles

• This ambivalence has resulted in having Humanitarian Space Further Constrained post 9/11, especially in Afghanistan and Iraq, where the ‘benefit of an invitation to intervene’ did not exist.

These issues frame policy and coordination concerns, but they do not define the field. Policy can be defined as:

• The specification of needs
• The setting of goals
• Prioritization of actions
• Monitoring resource allocation
• Identifying impact

To implement policy, coordination is needed. Coordination can be defined as:

• Allocation of Tasks to Maximize Complimentarity
• Harmonization of Procedures
• Production of Relevant Information
• Planning of Strategies
• Management of Information
• Balancing a Focus on Relief, Recovery, and Development

Some basic problems underlie issues of policy and coordination in the health sector for post-disaster recovery:

• Planning should be strategic, but usually is contingent. In other words, there is no real planning at all, just operative decisions made in its name.

• Data that is used is usually not relevant, timely, agreed upon, used, or turned into information useful for action. This relates to capacity development needs both for international agencies and local authorities.

• Agencies are accountable to whom – donors or beneficiaries?

In the health sector, we have some particular strengths. We know how to collect and analyze disease data. We create rates for events and measure rate changes. We know if something has changed and can often track the impact of our actions. This is far more difficult in dealing with rare geophysical phenomena, it is much harder to know if we prevented or mitigated something. We are just beginning to integrate data systems for common epidemiologic events that we do well, with data analysis and estimation for rare events, that we do not do as well. This helps to explain one of the conclusions reached by Larry Minear, in a major review, that “While devotees at the shrine of coordination are legion….there is little understanding of why the effective orchestration of their activities proves so difficult.”

He went on to specify problems with humanitarian agency actions:

• A tendency to approach every crisis as unique
• The action-oriented nature of voluntary humanitarian organizations
• Inadequate authority to command
• Feast and famine in funding
• Defensiveness toward criticism
• Too much self-evaluation, and as stated before,
• A lack of accountability

When a single organization has the means and authority to carry out activities, and when these activities are highly specialized such that few others would be able to do so, little coordination may be required or wanted. This is the situation, for example, with the military. It is also the situation when humanitarians carry out high tech tasks such as search and rescue, lab exams, or surgery. Indeed, in the first days of response to disaster there is little and may be little reason to coordinate, except……
That after the first days, training, mobilization of external resources, responding to beneficiary demands, and dealing with multiple agencies on a face to face basis will occur. In addition, humanitarian agencies almost never have unquestioned budget or legal authority. For all these reasons, coordination will soon become important even if it isn’t in the first moments while recovering bodies and performing emergency surgery.

One can visualize the high tech-top down approaches as military-like. All the other activities will come to the fore in time, however, requiring an ever increasing bottom-up approach.

We dare not imagine even when response has been well funded that we have in our hands the majority of resources. They are, instead, the majority of resources of which we are aware. Investors have far more funds than those providing humanitarian response, and the beneficiaries themselves mobilize their own resources, and those of their families and governments, in a way which dwarfs most humanitarian efforts. Thus, we should be judicious to be sure that the 2-5% of funds which are in our hands, as specialists and humanitarians, provides an effective lead for all those other potential funds.

To summarize:

- **Actions are Usually Top-Down:**
  - In Emergency
  - When Technology Highly Specialized
  - When no Local Authority to Coordinate With
  - When Security Poor
  - In Camp Situation

- **Actions move to Bottom-Up:**
  - In Recovery and Development
  - With Community Resources
  - In Stable Situations
  - Where Ample Capacity
  - With large Settled Populations

Policy is what is needed to combine the top-down and bottom-up approaches in an efficient manner, as BOTH have a place:

- **More Top Down**
  - Mass Casualties
  - Surveillance
  - Forensics

- **More Bottom-Up**
  - Recovery of Health Systems
Strengthening Health Worker Capacity
Disaster Reduction

We have an excellent opportunity to learn from what has and has not worked from the world’s response to the tsunami. Learning from this experience is imperative, as we will have to face more disasters in the future.

We can be sure that rising sea levels which result from global warming will bring more cyclones, storms, effects from hurricanes, and other geothermal events. We know that masses of people in developing countries are concentrating economic activity in ecologically vulnerable urban areas, creating more risk of harm for more people than existed among dispersed rural populations.

Unfortunately, most of what we know today about policy and coordination comes, not surprisingly, from camp environments where humanitarians control possible interventions. But most disasters occur and will continue to occur among settled, non-camp populations. We thus have much more to learn, and in different environments, about policy and coordination. As Salama et al wrote recently, “Most of all, if gains in health and nutrition during emergencies are to be sustained, graduates need to understand the importance of capacity building of national staff and institutions. The changing nature and focus of complex emergencies from short-term emergencies in refugee camps to prolonged emergencies in large geographical areas needs a profound shift in focus.”

References:


