İPM | IPC
İSTANBUL POLİTİKALAR MERKEZİ
SABANCI ÜNİVERSİTESİ KAMPÜSÜ
ISTANBUL POLICY CENTER
AT SABANCI UNIVERSITY

WORKSHOP REPORT

INTERNATIONAL HUMANITARIAN NGOs AND HEALTH AID

PINAR AKPINAR
BÜLENT ARAS



T.C. BAŞBAKANLIK TİKA
TİKA

WORKSHOP REPORT INTERNATIONAL HUMANITARIAN NGOs AND HEALTH AID

PINAR AKPINAR
BÜLENT ARAS

August 2015

Pınar Akpınar is scholar at the Conflict Resolution and Mediation Stream of Istanbul Policy Center and Ph.D. candidate at the School of Politics, International Relations and Philosophy (SPIRE), Keele University.

Bülent Aras is Senior Scholar and Coordinator of the Conflict Resolution and Mediation stream at Istanbul Policy Center and Professor in the Faculty of Arts and Social Sciences at Sabancı University.

About Istanbul Policy Center

Istanbul Policy Center is an independent policy research institute with global outreach. Our mission is to foster academic research in social sciences and its application to policy making. We are firmly committed to providing decision makers, opinion leaders, academics, and the general public with innovative and objective analyses in key domestic and foreign policy issues. IPC has expertise in a wide range of areas, including—but not exhaustive to—Turkey-EU-U.S. relations, education, climate change, current trends of political and social transformation in Turkey, as well as the impact of civil society and local governance on this metamorphosis.

TABLE OF CONTENTS

Acknowledgements	5
Workshop Program	6
Workshop Overview	7
The Role of International Humanitarian NGOs in Health Aid	8
Activities of International Humanitarian NGOs	9
Examples to International Health NGOs	10
Logistics of Health Aid	12
Sustainability of Health Aid	13
Conclusion	15

ACKNOWLEDGEMENTS

The workshop *International Humanitarian NGOs and Health Aid* was made possible with the valuable help of the Istanbul Policy Center (IPC) team at Sabancı University and the active involvement and financial support of the Turkish Cooperation and Coordination Agency (TIKA), especially TIKA President Serdar Çam, as well as TIKA experts Yunus Emre Bilici and Ramazan Okutan.

Furthermore, the generous guidance and encouragement of Director of IPC Fuat Keyman towards the realization of this project should be acknowledged.

This workshop could not be realized without the help of IPC assistants Elif Burcu Gündoğdu and Emre Yılmaz who put invaluable effort into its organization. A special thanks also goes to Myahri Annayeva who successfully rendered her assistance in writing this report. Furthermore, Managing Editor of IPC Megan Gisclon's editorial contribution to this report should also be acknowledged.

The contributions of the panelists and participants of the workshop, including their exceptional comments and recommendations during the workshop, were invaluable. Without their contribution, this report would not come to light.

Last but not least, many thanks go to IPC's Research and Academic Affairs Manager Onur Sazak, Research and Mercator-IPC Fellowship Program Officer Gülcihan Çiğdem Okan, Financial and Administrative Affairs Specialist Meryem Kösehanoğulları, and Research Coordinator Cana Tülüş for their efforts in realizing this workshop.

Istanbul, August 2015
Pınar Akpınar and Bülent Aras

WORKSHOP PROGRAM

Venue: Akgün Hotel, Istanbul

Date: March 27, 2015

09:10-09:40 Opening Remarks – Mehmet Güllüoğlu, Director General of Turkish Red Crescent

09:50-11:10 Panel 1 – International Humanitarian NGOs: An Overview

Chair: Bülent Aras, Coordinator of Program on Conflict Resolution and Mediation at Istanbul Policy Center and Professor at Sabancı University

Magdalena Bjerneld, Researcher at Department of Women's and Children's Health, University of Uppsala – "International Humanitarian NGOs: Theoretical Overview"

Maryam Zarnegar Deloffre, Assistant Professor at Department of Historical and Political Studies, Arcadia University – "International NGO Behaviour and Interactions with States"

Catherine Long, Lecturer at Department of Political Science and Public Administration, Kadir Has University – "Health Based Donor Programs, NGO Service Delivery and Domestic Integration"

Coffee Break

11.30- 12.50 Panel 2 – International Humanitarian "Health" NGOs

Chair: Pınar Akpınar, Research Fellow at Istanbul Policy Center, Sabancı University

İlker İnanç Balkan, Board Member at Doctors Worldwide – "Doctors Worldwide Medical Relief Activities and Operations"

Aitor Zabalgogeazcoa, Head of Mission of Doctors without Borders Operations in Aleppo – "MSF Relations with States and International Organizations"

Fred Kironde, Islamic University in Uganda and Makarere University – "Typical Experiences of African Health Researcher in International Collaboration"

Lunch

14.00- 15.00 Panel 3 – Sustainability and Transportation of Health Aids

Chair: Fuat Keyman, Director of Istanbul Policy Center and Professor at Sabancı University

Stephen Gloyd, Associate Chair of Department of Global Health at the School of Public Health, University of Washington – "Sustainability of Health Aids" (Skype Presentation)

Paul Larson, Professor at the Department of Supply Chain Management, University of Manitoba – "Logistic of Health Aids"

Coffee Break

15.30- 17.00 Panel 4: Turkish Non-Governmental Organizations and Health Aid

Chair: Onur Sazak, Research and Academic Affairs Manager at Istanbul Policy Center

Mintez Şimşek, Deputy Director General of Turkish Red Crescent – "International Health Aid and Turkish Red Crescent"

Ali Doğan, General Director of Doctors Worldwide – "Activities of Doctors Worldwide"

Sadık Danışman, Chair of Helping Hand Foundation – "Health Activities of Helping Hand Foundation"

WORKSHOP OVERVIEW

Health has been an issue at the forefront of human life since the emergence of mankind. It has been one of the benchmark issues of the twenty-first century, with major headlines ranging from strains of influenza to the Ebola outbreak. Because such problems have failed to be solved, this has resulted in the declining confidence of official health authorities to tackle them. As such, there has been a growing role for international humanitarian non-governmental organizations (NGOs) in the area of health aid.

The workshop on *International Humanitarian NGOs and Health Aid* was held on March 27, 2015 in Istanbul under the auspices of Istanbul Policy Center (IPC) with the financial support of Turkish Cooperation and Coordination Agency (TIKA) in order to raise awareness about such issues. It was the second in a series of two workshops organized as part of the *Project on Turkey's International Humanitarian NGOs and Peacebuilding: Health and Emergency Aid*.

The main purpose of the workshop was to examine the current knowledge on health aid and draw attention to the role of international humanitarian NGOs in this area with a particular focus on Turkish humanitarian NGOs. A series of four panels were convened during the workshop to discuss the topics of *International Humanitarian NGOs: An Overview, International Humanitarian "Health" NGOs, Sustainability and Transportation of Health Aids,* and *Turkish Non-Governmental Organizations and Health Aid*. The following report underlines the fundamental points raised during the workshop.

THE ROLE OF INTERNATIONAL HUMANITARIAN NGOS IN HEALTH AID

International Humanitarian NGOs have been playing increasing roles in health aid. During the workshop, Stephen Gloyd, Associate Chair of Department of Global Health at the School of Public Health, University of Washington, drew attention to some of the reasons for the growing roles of NGOs in health aid: the spread of the ideology of anti-governmentalism; the adaptation of structural adjustment programs; the weakened public sector health services; increased foreign aid; agenda of foreign aid, which is often skeptical of governments; and effective lobbying by NGO groups.

Health NGOs are among the first to provide for the immediate needs of citizens in crisis and prepare for a humanitarian response. Their roles are particularly important since they often fill in the gap created as a result of the disruption of governance. During crisis, local health-related infrastructures and organizations become dysfunctional or destroyed. The countries that experience man-made or natural disasters often do not have the sufficient capacity to provide effective health care within the current system to address such a crisis. International humanitarian NGOs take on the responsibility to meet the immediate health needs in such conditions. Their non-governmental nature also enables them to act in a more prompt and flexible way under the circumstances of crisis.

As also underlined during the workshop by Magdalena Bjerneld, Researcher at the Department of Women's and Children's Health, University of Uppsala, the Rwandan Genocide of 1994 was a milestone in terms of bringing standards into the works of international humanitarian NGOs. Before the genocide, NGOs mostly implemented charity and solidarity work and did not have standards in terms of tackling a humanitarian crisis. The Rwandan Genocide made NGOs more cautious about their work, strategies, and services. NGOs also started to use rights-based approaches that required the active involvement of beneficiaries.

Subsequently in 1995, "People in Need" was established by agencies in the humanitarian sector in order to manage and support the aid personnel. Later in 1997, another organization called "The Sphere Project" was established. The Sphere Project was a voluntary initiative that united humanitarian organizations in order to reach common goals and set principles. The main objective was to improve the quality of humanitarian assistance and the accountability of donors. The Sphere Project also compiled a Handbook that underlined the universal standards that humanitarian workers should follow. The Handbook has become an internationally recognized point of reference for promoting neutrality, impartiality, and equality.

ACTIVITIES OF INTERNATIONAL HUMANITARIAN NGOS

Humanitarian NGOs that work in the health sector specialize in specific health-related programs. While some focus on service-specific programs, others develop existing community level health programs. Water, food, material welfare (standards of living, jobs, secure environment, and housing), and social welfare (family and social support mechanisms, education, and other support systems) are among the key factors that affect health.

Humanitarian NGOs focus on different aspects of health depending on specific circumstances and an initial needs assessment, which includes assessments of various factors such as immunizations, water, sanitation and hygiene (WASH), food and nutrition, shelter and site planning, curative health care, control of endemic diseases, health information and surveillance, human resources and training, and coordination of resources. As highlighted by Bjerneld, the initial needs assessment is highly important because it helps to identify whether there is a need for a humanitarian relief operation and, if so, how such and operation must be implemented. As part of the initial assessment process, NGOs need to collect information about the geo-political context, population, environment, specific health issues, resources, and partners. These factors determine the efficiency of the response.

As emphasized by the participants during the workshop, appropriate access to WASH could prevent serious diseases. Insufficient access to safe water and sanitation services, as well as poor hygiene practices, could cause death and lead to destitution of large populations. When people are deprived of daily WASH, it leads to serious consequences such as gender inequality. For instance, fetching water is a female responsibility. This has a negative effect on girls by preventing them from pursuing education. Women are one of the most vulnerable groups during crises, alongside unaccompanied children, the elderly, minority groups, and disabled people. Further, the needs of vulnerable groups could rapidly change during crises since circumstances are not constant. It is important that NGOs try to be on the same page with these changes.

Participants highlighted during the workshop that humanitarian NGOs face serious challenges on the ground while delivering health aid to those vulnerable groups as a result of the bureaucratic and formalized structures, as well as the difficulty of regulation and coordination of aid. In some cases, humanitarian NGOs use Crude Mortality Data (CMD) to quantify the magnitude of the crisis and monitor the effectiveness of the humanitarian response. CMD is used to find out how frequently deaths occur in a given time and place. Humanitarian NGOs may advocate for further action based on the results of the CDM.

One of the most important health aid activities of NGOs during crisis is delivering food. The delivery of nutritionally appropriate food that meets minimum energy, protein, and fat requirements is significant in ensuring survival in conflict zones. Another important activity is running vaccination programs aiming to prevent contagious diseases such as acute respiratory infections, pneumonia, diarrhea, measles, malaria, and malnutrition. Among these, measles is one of the most threatening and widespread diseases caused by a virus that easily spreads through the air. It is highly contagious and can cause brain damage and death. A team of ten to twenty NGO workers is necessary to be able to vaccinate around 1,200 to 1,600 children per day. NGOs also try to control endemic diseases such as malaria with the distribution of bed nets and eradication of breeding places for mosquitos.

EXAMPLES TO INTERNATIONAL HEALTH NGOS

During the workshop, Doctors Worldwide, Doctors Without Borders (Médecins Sans Frontières or MSF), Yardimeli Foundation, and Turkish Red Crescent were the NGOs that were focused upon in detail. Among these, Doctors Worldwide is a Turkish affiliated health NGO that was established as a charity organization in 2000 by a group of international medics in Manchester, United Kingdom. The humanitarian crisis during the conflicts in Bosnia and Kosovo had served as the main trigger for its formation. In 2004, Doctors Worldwide opened its branch office in Turkey. The Turkish branch collaborates with the Ministry of Health and the Turkish Red Crescent to implement some of their projects. The organization operates in a number of regions such as the Middle East, Asia, Africa, and Central America. As also highlighted by Ali Doğan, General Director of Doctors Worldwide, one of the important recent engagements of the organization has been the Syrian Crisis.

Doctors Worldwide is fully funded by private donors. Therefore, its code of ethics does not allow it to promote any political or religious views in their duty stations. Doctors, nurses, and other health specialists voluntarily choose to provide their medical expertise. The organization entails that access to health care is a basic human right, regardless of racial, ethnic, or religious background. By providing medical services, the organization aims to help local communities be more active members in their larger society. The focus of Doctors Worldwide is not limited to emergency situations. The organization aims to contribute to sustainable development through the implementation of training workshops, opening hospitals and healthcare schools, and providing professional training for practitioners.

Similarly, founded in 1971 in France, MSF provides humanitarian relief assistance in regions traumatized by war and disasters. It is one of the most well weaved organizations in the world, operating in a number of countries. The central objective of the organization is to provide medical care to those that cannot access or are denied access to medical treatment. The organization takes an interventionist approach, because MSF can enter humanitarian crisis zones without the official permission of national authorities. It emphasizes that humanitarian aid cannot have a politically driven purpose because it decreases the opportunities for rapid and effective response to humanitarian disasters. Thus, the organization has taken an advocacy role, which helps them raise awareness for certain issues while drawing attention from the international community for policy change.

In March 2014, MSF delivered immediate response to the Ebola Outbreak in Guinea. Around 10,842 people were affected by the Ebola virus, which led to deadly outcomes. MSF set up Ebola Treatment Centers where patients could receive treatments. The centers also distributed information about the disease. Similar to Doctors Worldwide, MSF has been present in Syria as well by providing surgical procedures and treating diseases. The organization also provides material and technical support to local hospitals. However, as argued by Aitor Zabalgogeazcoa, Head of Mission of Doctors without Borders Operations in Aleppo, the intensity of the Syrian conflict created serious challenges for humanitarian workers as a result of the insecurity of the region and the constant attacks it has been subjected to. For instance, some health centers have been temporarily suspended due to lack of safety.

The workshop also drew attention to the Turkish Red Crescent, which is a semi-governmental Turkish NGO founded in 1868. The Red Crescent Movement is the oldest and largest humanitarian NGO in Turkey and is a member of the International Red Cross. The Red Crescent currently operates in a number of countries, including Nepal, Syria, Gaza, Iraq, and Somalia. Since the onset of the Arab Spring, Turkish Red Crescent has been particularly active in Syria, at the Turkish-Syrian border, and in Iraq in collaboration with Turkish Disaster and Emergency Management Presidency of Turkey (AFAD), the United Nations, the International Red Cross, and other authorities. The organization has been delivering a considerable amount of aid to displaced people, the number of which has amounted to about four million. It is currently operating in 21 camps and reaching out to 230,000 people.

Another NGO that was analyzed during the workshop was Yardimeli Foundation, which was founded in Turkey in 2007. The organization currently operates in 30 countries and delivers aid to the victims of natural disasters, war wearies and refugees, and victims of poverty and hunger. Cataract surgeries and circumcision operations are among the benchmark activities of the organization. Since 2012 the organization has undertaken 3,000 cataract and 15,000 circumcision surgeries in Africa. It also opened a gynecology and children hospital in Somalia in 2011.

As an example of their sustainable projects, Yardimeli Foundation provides three month long trainings in Istanbul to medical personnel coming from Sudan. It also has a project on goat farming for local families in Somalia, Ethiopia, Mauritania, Sudan, and Kashmir. The project *inter alia* aims to empower women by training them in goat farming. Yardimeli also has well projects in a number of countries in Africa. Similar to Doctors Worldwide and MSF, it also carries out projects for Syrian refugees. So far it has sent three convoys to Syria that included 86 ambulances, medicines, patient beds, and baby food.

LOGISTICS OF HEALTH AID

Transportation is the key to ensuring the effectiveness and promptness of the aid delivery process during humanitarian crises. As also indicated by Paul Larson, Professor at the Department of Supply Chain Management, University of Manitoba, logistics is the management of inventory, in motion and at rest, to serve customers and involves management of capacity, idle and in use, to move and store inventory. The logistics management system during medical relief operations involves the mobilization of medical personnel, assessment of the needs on the ground, assessment of the national government's capacity to respond, transportation of the required medicines or other necessary items, and the determination of possible long-term outcomes when making immediate decisions.

Actors who are involved in the logistics process have a huge responsibility since the delivery of aid is supposed to be an undisrupted chain of actions. If that chain is disrupted, it has a negative impact on the effectiveness and sustainability of outcomes. The transportation of health aid is one of the most important steps because NGOs must have specific strategies to conduct the shortest routes while maintaining available alternatives. Since health aid is delivered to areas devastated by war, natural disasters, or other emergencies, it is absolutely necessary to have an alternative plan in case health aid is not delivered on time or something goes wrong during the delivery process.

Storage is also an important part of the logistics system. Health aid has to be properly stored once it arrives at its destination. Some medicines have to be stored in a particular temperature and have to be used within a certain timeframe. If the aid is not delivered on time for various reasons, then medicines could expire without being used. Similarly, if the storage place is not safe, stored items might get damaged. These peculiarities have to be taken into consideration by the logistics management system.

SUSTAINABILITY OF HEALTH AID

The sustainability of health aid is as important as the delivery process itself. There are two separate scenarios that humanitarian NGOs fall into. In the first scenario, humanitarian NGOs intervene, provide their services, and rapidly exit without a proper exit strategy. In this scenario NGOs use vertical programs in which they parachute in, implement their programs, and then move out. In this case, the sustainability of the results is weak because vulnerable communities do not receive considerable support to recover from the crisis and rebuild strong structures.

In the second scenario, humanitarian NGOs mostly use horizontal programs in which they try to establish ties with the local population. However, these programs often continue for long periods of time, which creates strong dependency from the side of the community. NGOs overstay and the community does not develop the necessary skills to address the problems on their own. Both scenarios are examples of ineffective strategies. Therefore, humanitarian NGOs have to be highly cautious about their activities and the frequency of the delivered aid. Providing services for decades without sustainable outcomes decreases the chances that the community will experience gradual transition and stability.

In addition, when humanitarian NGOs are present in countries for over ten years, they are accused of being self-oriented. Self-orientation means that NGOs use the disaster "scenarios" for protracted periods in order to continuously receive funding from international donors. International donors, on the other hand, try to project their political, ideological, or religious values. Therefore, it is in their interest to provide funding and expect certain results. Consequently, international humanitarian health NGOs and others are trapped between the agenda of donors and the needs of the local population.

Even though, humanitarian "health" NGOs have challenges in delivering health aid, their work has been more effective than the Structural Adjustment Programs (SAP) of the World Bank and International Monetary Fund (IMF). Countries that face economic crisis borrowed a large amount of loans from the Word Bank and the IMF. In return, the World Bank and the IMF put forward certain conditions and demanded the government to make structural changes in the health care or the political system of the country. However, these demands did not lead to successful results.

In 1980, the World Bank and IMF required most countries in Africa to improve local communities' access to health care. However, at the same time these countries experiencing an economic deficit had to advance their economy in a short time period. Thus, the loan focused on economic prosperity rather than the social well being of the country. As a result, many African states highly reduced their expenses for social programs. Ministry of Health budgets have been reduced drastically, which resulted in poorly maintained and equipped health facilities, inadequate transport, communication, weak procurement and distribution of medicines and supplies, and an inadequate workforce (numbers, salaries, and morale). These reforms had a devastating effect on the local population because health care started to cost more than people could afford. The government could not provide public health services free of charge, which led to a complete disappearance of functioning health programs.

The failed African health care programs demonstrate that the World Bank's and IMF's strategies did not bring about positive changes. However, humanitarian NGOs on the ground are more accountable to populations ignored by their governments. Also, NGOs can catalyze innovation, test new models, bring experience gained in other settings, and access international technical expertise funds that are not directly available to governments. Therefore, health aid programs implemented on the ground with a bottom up approach bring more tangible and sustainable results.

Despite its positive contribution to crisis situations, health aid may trigger serious problems and fuel conflict as well. For instance, as also highlighted by Gloyd, donors leave the country once their funding ends. This situation causes the operations to cease before concluding. Another problem is internal brain drain. International NGOs sometimes transfer ministry of health personnel by offering them much higher salaries. As a result, inequalities are created by donors and NGOs. In addition, expatriate staff becomes a highly visible local elite as a result of their high salaries, which also support luxury industry. Their presence may also push up prices for the poor.

As also underlined by Fred Kironde, Professor at Islamic University in Uganda and Makarere University, skill share among health researchers is important in ensuring efficiency in health aid. For instance, institutions such as African Malaria Network Trust

(AMANET, Tanzania), Statens Serum Institut (SSI), London School of Hygiene and Tropical Medicine, (LSHTM, UK), University of Tübingen, (UKT, Germany), Centre National de Recherche et de Formation sur le Paludisme (CNRFP, Burkina Faso), Medical Research Unit – Albert Schweitzer Hospital (MRU ASH, Gabon), MRC Laboratories (MRC, The Gambia), Makerere University (MU, Uganda), Navrongo Health Research Centre (NHRC, Ghana) collaborated and conducted malaria vaccine research in Iganga, Uganda between 2008 and 2015. The international collaboration of researchers provided an opportunity to exchange information and experiences. Creating international Research Teams helps to prepare a globally engaged workforce and nurtures capable young researchers with strong international networks.

CONCLUSION

The workshop participants concluded the workshop with certain recommendations that could improve the effectiveness of health aid. Some of the recommendations included ensuring full transparency of aid, monitoring its effectiveness, ensuring donor accountability, creating stronger coordinating networks, eliminating the politicization of aid, and creating programs that could prevent dependency on aid. Participants also drew attention to the security of humanitarian aid workers in conflict zones, which is vital for ensuring the conclusion of the work as well as that aid reaches the final beneficiaries.

Some other important recommendations included understanding local systems and hiring local staff, focusing on job creation for locals. Working with local governments to build strong public institutions was also raised as a recommendation. Increasing the workforce of ministries of health, as well as increasing their salaries, to reverse internal brain drain were also recommended.

In addition, concerns about the problems faced by NGO personnel in terms of their access to conflict zones were also raised. As such, easing their accreditation, visa requirements, and providing discounts on transportation were mentioned as possible suggestions. Finally, promoting the exchange of information between NGOs and further collaboration among them was also recommended as a way of improving the quality of health aid.

The role of international/local humanitarian NGOs continues to expand in health aid. NGOs play a significant role in and make important contributions to eradicating the effects of humanitarian crises. They are also often the first to react to a humanitarian crisis. In addition, their non-government nature enables them to be more flexible and at times more efficient than governmental bodies. As such, despite certain pitfalls they have a crucial and growing role as agents of health aid.

NOTES

İPM | IPC

İSTANBUL POLİTİKALAR MERKEZİ
SABANCI ÜNİVERSİTESİ KAMPUSU
ISTANBUL POLICY CENTER
AT SABANCI UNIVERSITY

ISBN: 978-605-9178-08-2

Istanbul Policy Center
Bankalar Caddesi No: 2 Minerva Han 34420
Karaköy, İstanbul TURKEY

☎ +90 212 292 49 39
+90 212 292 49 57
@ ipc@sabanciuniv.edu
w ipc.sabanciuniv.edu