

International Standards for Humanitarian Response

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It’s my pleasure to be with you here today, and I thank the members of the Japan Medical Association for inviting me to share this day with you as we remember the survivors of the Great East Japan Earthquake.

I would like to talk to you today about international standards for humanitarian response. But before we go there, I would like to take a moment to remember especially the people of Tohoku. As an English speaker, this area is very important to me, because it was the area of Tohoku that gave English its word for your country, Japan. As you know, when Marco Polo was exploring Asia, he wrote home about the stories he heard about the great land that was blessed with a lot of gold. He named it *Zipangu*, and, *Zipangu* is where we get the word for *Japan*.

Even before the earthquake of last year, it is important to remember that Japan was probably the most well prepared country for disasters. Japan has long had a very strong system of training the schoolchildren in being prepared for earthquakes, as well as having some of the strongest building codes in the world. Also, we know that many lives were saved because of the tsunami early warning system that was in place.

When many of us think about disaster response, we think about mass casualty incidents, about triage, about incident command system to work with the fire and police officials, and sometimes, about the decontamination activity. But as many of you know, these skills are some-

times of limited use when we are faced with a humanitarian disaster, which causes a large number of populations to be displaced from their home—and, that is exactly what happened in the Tohoku region last year.

A humanitarian disaster involves a large-scale disaster accompanied by a public health emergency, resulting in the mass population displacement where people are moved away from their homes on a permanent basis. Such people do not have the water, the latrines, the food, or the medicines that they need. The international humanitarian disaster community has decades of experience in responding to humanitarian disasters. Much of the experience was gained in the developing world, only because the developing world tends to be more vulnerable to these types of disasters. A good example of this was the 2010 earthquake in Haiti.

However, with urbanization, increasing crowding of the cities, and climate change, advanced countries also are becoming more and more vulnerable to humanitarian disasters. My own country, the United States, faced a major humanitarian disaster in 2005 with Hurricane Katrina. Hurricane Katrina struck the southern part of the United States, particularly the city of New Orleans. Major parts of the city were flooded, and people had to evacuate from their home. The city of New Orleans had in place a disaster plan that included using the largest sports arena in town, called the Super Dome, as a disaster shelter

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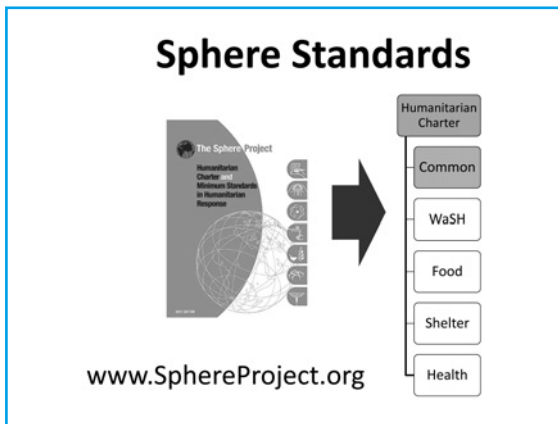


Fig. 1

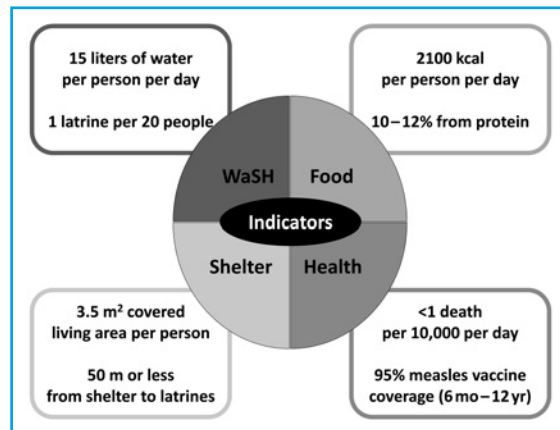


Fig. 2

for its people. Unfortunately, the disaster plans there did not include standards for humanitarian disasters, such that this shelter was insufficient to meet the need of the population inside. There was not enough water, there was no privacy, and there were not enough latrines—in fact, latrines were overfilled and useless. And several people died in the Super Dome, primarily because of lack of access to their chronic medications.

So, how could something like this happen?

In the advanced countries like the United States, it does have the Federal Emergency Management Agency (FEMA), and municipal disaster plans are in place.

The lack of implementation of proper international disaster standards means that we are not able to properly promote human dignity in our response. It is important, therefore, that we all are familiar with the international humanitarian standards.

The most commonly used international humanitarian disaster response standards are created by a group of people including the International Committee of the Red Cross, together with non-governmental organizations active in humanitarian response. In the year 2000, they published the first set of guidelines, which have come to be known as the *Sphere* standards. The *Sphere* standards are updated every several years, and the one I want to share with you today is the edition from the 2011 (Fig. 1). This handbook is translated into many languages, and the Japanese version will be available in May 2012 for free download from the website.¹

Inside the handbook, it's broken into several

sections that include guidelines on the provision of food, health services, shelters, etc. (Fig. 1). When I say shelters here, I don't mean just a shelter site, but any housing that is given to the displaced population. There are standards for food, and the "WaSH" on this slide stands for water, sanitation, and hygiene. Also included in these guidelines are a set of common standards for the international community to abide by. These include including beneficiaries in aid delivery programs, and actively seeking their feedback on our response programs.

The entire set of standards is based on the document called *Humanitarian Charter and Minimum Standards in Humanitarian Response*.¹ The *Humanitarian Charter* is like a code of conduct for humanitarian disaster responders, and it is drawn from documents of international humanitarian law together with the International Committee of the Red Cross's own code of conduct. It reminds us that simply giving packets of food or blankets or tents does not mean we have done a proper response. It is the international standard to provide these services in accordance with human dignity, and that is a key standard for the international aid community.

The *Sphere* standards also include specific "indicators" that are like signposts so that we know when are response is probably meeting the international standards. These indicators are very helpful in our planning and also for our evaluation of the response later on. Some examples of these indicators are shown here (Fig. 2). For example, in the WaSH (water, sanitation, and hygiene) section, you will find an indicator that

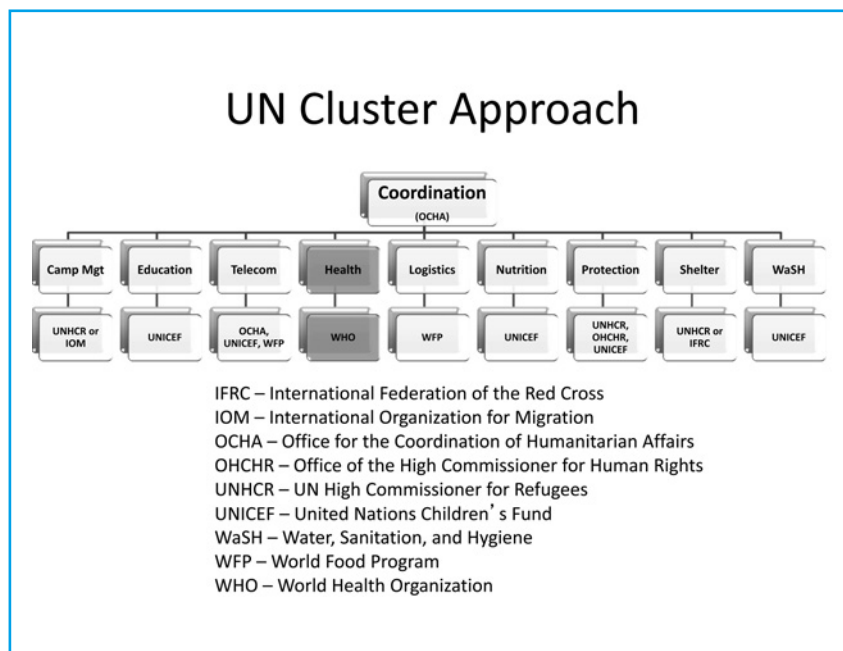


Fig. 3

says every person should get 15 liters of clean water per day for drinking, cooking, and bathing, and washing up. Another indicator is that there should be at least 1 latrine for every 20 people. In the shelter standards, we have an indicator that says every person should be given 3.5 m² of covered living area, that the shelter provided should allow for privacy, and that the shelters should be 50 m or less from the site of the latrines so as to ensure the security of the sheltered people. In the food standards, it says that the international standard is to provide 2,100kcal per person per day, and 10 to 12% of that should be from protein. So, carbohydrates alone would not be good enough even in times of disasters. Again, these indicators represent *minimum* standards, not the maximum. So, even if we are meeting these indicators in our response, it’s not a guarantee that we are giving a proper response—only that we are probably avoiding further crisis.

When you respond to an international humanitarian disaster, you would be able to see several different kinds of people active in the response. The international disaster response system includes the United Nations, governmental agencies, non-governmental agencies (NGOs), and military. The United Nations serves the role of coordination of humanitarian response

in conjunction with the local host government. You may know that Sadako Ogata was involved in the United Nations for disaster response. Later on, she joined this next section, the government agencies, as the director of Japan International Cooperation Agency. The government agencies’ primary activity is to provide funding for the response. Most of the aid delivery on the ground is provided by the NGOs, like Doctors without Borders, who have experience in the international disaster response. Increasing important actor in the humanitarian field is the international military. The role of the international military is typically to provide a large logistical response, with large airplanes, trucks, or helicopters. They can move supplies quickly in the way that other agencies can’t. Military can also establish large surgical hospitals very quickly, and some foreign militaries are particularly well known for their humanitarian activities, such as the militaries of Israel, the United States, and Canada.

I mentioned before that the United Nations has the job of coordinating humanitarian response, and they use something called the *Cluster* approach to do so (Fig. 3).² *Clusters* are sectors of activities of the response, such as health, nutrition, water sanitation and hygiene,

and each *cluster* is assigned a “lead agency” from the United Nations. So, for example, the lead agency for the *health cluster* is the World Health Organization (WHO). All of the *clusters* together are coordinated by the United Nations’ Office for the Coordination of Humanitarian Affairs, called UN-OCHA. Now, let me explain how this plays out in the field. Starting the first day after the disaster, you will find a daily meeting of each *cluster* at the *cluster meetings*. All the aid agencies are welcome to send representatives to the meetings. At the health cluster meeting, for example, the meeting is led by the WHO’s sector leader, and an officer from the ministry of health of the affected nation would be there as well. You also see many different representatives from different agencies, including the military. They come together, they share information about what activity they are doing and where, and this information is put onto the map. Putting the information up on the map helps to make sure that there is no overlap of activities and that some places are not getting too much help while others are getting too little.

It is important to remember the need for good training. Those who are well trained in humanitarian disasters and are familiar with the international standards can use their new skills to better coordinate their response. For example, in Haiti, there was a girl who had been severely injured in the earthquake. In fact, both of her parents were killed, and she has been separated from her family. Because we knew that the UNICEF has the responsibility of keeping a list of unaccompanied minors, we were able to contact UNICEF and bring them to the girl. They registered her

and put her on their list, so that they can help her find her family, place her in a home again, and follow up her recovery on an ongoing basis to make sure she is well taken care of.

By having good training in the international disaster response, we can ensure good coordination in the field. As doctors, this is the responsibility of all of us—to be familiar with all the sectors of the standards, and not just health.

Good training is really the key to good humanitarian response. It makes sure that even as doctors we not just take care of people’s health needs but can ensure that they are getting the other help they need—like proper shelter, proper food, enough water, and access to all the essential services. It also makes sure that we give them these services in a way that promotes their dignity, helps to restore their livelihood, and helps to strengthen the damaged community.

The different training programs are available in the international standards for humanitarian disaster response. The International Committee of the Red Cross runs several training programs throughout the world; those are called the HELP (help emergency in large populations) courses.³ One such course is even given in Japan. Harvard also has its own course for humanitarian disaster response, called the humanitarian studies course.⁴ We do it every April, and we would very much welcome you to come and join us there. The information on these programs can be found on the websites.

I thank you for your attention, and send best regards for the recovery of the people of Tohoku.

References

1. The Sphere Project homepage. <http://www.spherehandbook.org/>. Accessed August 2012.
2. World Health Organization. The Cluster Approach. http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/annex_7/en/index.html. Accessed August 2012.
3. International Committee of the Red Cross. Humanitarian assistance training: Health Emergencies in Large Populations. http://www.icrc.org/eng/resources/documents/misc/help_course.htm. Accessed August 2012.
4. Harvard Humanitarian Initiative. Humanitarian Studies Course. <http://www.humanitarianstudiescourse.org>. Accessed August 2012.