

The State of the Humanitarian Sector

Interview with Fabrice Weissman

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STEPHANIE STERN AND MARC VERZEROLI – The humanitarian sector is in a period of significant change, tugged by multiple currents. Some observers believe that in-depth reforms are necessary, while others take a more measured position. Do you think that humanitarianism must reinvent itself?

FABRICE WEISSMAN – I am skeptical about the prevailing pessimism and the observation that humanitarianism is in crisis. In 2013, \$22 billion was spent on emergency humanitarian aid and funding increases every year. At MSF, our budget has doubled every 10 years. It reached US1.4 billion in 2014. The budget of the World Food Programme (WFP) has grown six-fold since the 1980s. In financial terms, the sector is thus growing rapidly. The same is true for human resources. There are more humanitarian aid workers than ever in conflict zones. With more than 10,000 permanent employees, WFP staff has increased nearly ten-fold since the mid 1990's. In Central African Republic MSF alone deploys 300 expatriates and 2 000 national staff. We are conducting massive aid operations in war zones and, according to studies on the lethality of conflicts by the University of Uppsala, for example, the number of violent deaths and indirect mortality associated with conflict (from malnutrition and illness) are falling. Infant mortality has been declining steadily since the 1980s in nearly all countries at war. According to Uppsala University, the unprecedented development of international aid activity is one explanation for this drop in mortality.

We have seen the phenomenal progress of the WFP, both in terms of the quality of foodstuffs and capacity in deployment and logistics projection. Ten years ago, in Darfur, nearly 2 million people were displaced over a six-month period. The WFP set up a large-scale aid effort at that time, reaching approximately 100 camps and thus helping to prevent widespread famine. The “Plumpy’nut” revolution also had a significant impact on efforts to combat childhood malnutrition. In 2013, MSF treated more than 230,000 malnourished children with ready-to-use therapeutic foods, compared to several tens of thousands in the early 2000s.

So I think this characterization of a sector in decline is somewhat myopic. If we compare the humanitarian sector today to the end of the 1980s and even 1990s, there have been major advances in terms of both resources and aid to victims.

STEPHANIE STERN AND MARC VERSEROLI – The critics are focusing less on the volume of aid and the number of people who receive help and more on the operating methods and how the sector works and interacts with populations and civil society. How can non-governmental organizations address the challenges of the 21st century?

FABRICE WEISSMAN – I'm not saying that the picture is entirely rosy. We clearly face serious challenges. This positive inventory should not allow us to overlook the existence of many situations of extreme violence, characterized by catastrophic mortality rates due to massacre or lack of vital assistance. I am thinking of Syria today and the Central African Republic last year. Studies conducted by Epicentre found that 10% of the population that fled to Chad was killed in a few weeks. I am also thinking of South Sudan, where large-scale massacres occurred in 2014. Mortality in South Sudanese refugee camps in Ethiopia remained very high for months, in part due to the restrictions imposed by the Ethiopian government.

In Syria, it is extremely difficult to deploy assistance outside the framework established by the government, which placed very tight controls on the nature and distribution of aid, resulting in a total medical embargo affecting the rebel-held areas. The United Nations did not receive authorization from the Security Council until 2014 to conduct cross-border aid operations in rebel-held areas from neighboring countries. That coincided with the expansion of the Islamic State, which created other problems in relation to controlling humanitarian aid.

There have always been efforts to coopt humanitarian aid for criminal uses, of course. When the Rwandan refugee camps in Zaire were attacked by Laurent Kabila's fighters and their Rwandan allies in 1996-1997, humanitarian aid workers were used as bloodhounds to track fleeing refugees, who were then killed by death squads who saw them as potential genocidaires. Thus, enlisting humanitarian aid workers in criminal strategies is not a new tactic, but the phenomenon follows new patterns in every conflict. One of the main challenges is to first acknowledge the existence of these situations – both internally and publicly – and resist them.

STEPHANIE STERN AND MARC VERZEROLI – Can this challenge be met?

FABRICE WEISSMAN – It can, even if it means abstaining in certain cases. That is the decision MSF has made with regard to the Islamic State, for example. The humanitarian sector's weapon of last resort is abstention and withdrawal.

You raised the question of civil societies' involvement in relief activities and how humanitarian workers can compensate for the asymmetry of power between those who give and those who receive. Indeed, asymmetry is inherent to the humanitarian relationship. But in countries such as Ethiopia, Sri Lanka, or Zimbabwe, for example, it is counter-balanced by the power of extremely strong States, which have the capacity to hold aid actors accountable and seek - often successfully - to subject us to their interests. And their notion of their populations' interests is often very far from our priorities. We are not all-powerful. However, we do have to be more transparent about our successes, our failures, and how we apply the principles that we uphold.

Independence? Aid organizations do not float out there in some moral and legal ether. Being independent means choosing upon whom one is dependent. Which political forces should we rely on in Yemen or the Central African Republic to protect our hospitals and guarantee that ambulances can circulate freely? All these choices must be discussed.

Impartiality? The Ebola epidemic was a good example of the ethico-practical debates overshadowed by the rhetoric about principles. Who should be prioritized? Should we emphasize prevention from a utilitarian perspective (the greatest good for the greatest number) or treatment (help the most vulnerable, that is, those who are already ill)? And this, knowing that there were constraints on resources and biosafety for medical staff, which meant that we could not have, simultaneously, the most extensive preventive strategy possible and the most comprehensive treatment strategy possible.

Clarity and transparency are essential here. MSF's work in the countries affected by Ebola was successful in that it constituted a major deployment in the face of an epidemic of unprecedented scale that posed an extreme danger to medical staff. On the other hand, transparency was lacking on crucial issues such as the best way to reconcile public health and individual care requirements. In this kind of health crisis, one of the conditions of success is reaching an agreement with civil society; that is, building trust with the population so that people will comply with unusual and restrictive public health measures. This involves explaining our dilemmas, trade-offs and choices.

STEPHANIE STERN AND MARC VERZEROLI – Ebola led to a courageous process of self-criticism within MSF.¹ What were the conclusions of these analyses?

FABRICE WEISSMAN – The evaluation of the response to the Ebola epidemic is still underway. However, one of the lessons that we can already learn from the epidemic (or that it recalls for us, in any case) involves innovation and the conditions that promote it. Everyone in the world of humanitarian action supports innovation. But we forget that this has always been a conflictual process. For example, placing African AIDS patients on anti-retroviral drugs in the early 2000s and the large-scale use of ready-to-use therapeutic foods during Niger's 2005 nutrition crisis are now unanimously considered positive developments. However, they were very controversial when implemented initially, including and especially within MSF.

Innovation is a mechanism that arouses heated debate. It requires breaking with established habits and taking risks. We cannot innovate without discussion and debate. However, the humanitarian environment is very consensual and controversy is disparaged. We hesitate to expose our debates and try to keep them locked up internally. In doing so, we stifle the process of innovation. We need controversies, disagreements, and arguments if we are going to improve aid. We must reflect on and respond to dissent because it is productive.

¹ In December 10, several MSF leaders wrote an internal letter criticizing “a form of non-assistance to persons in danger.” They stated, in particular, that the safety of medical staff had taken precedence over the quality of medical care provided to patients. Cf. « Rony Brauman : contre Ebola, 'le traitement symptomatique a parfois été négligé, voire oublié' », Libération (Paris, France), 3 February 2015, http://www.liberation.fr/terre/2015/02/03/parfois-le-traitement-symptomatique-a-ete-neglige-voire-oublie_1194960.

STEPHANIE STERN AND MARC VERZEROLI – The report, *Aid Worker Security 2014*,² describes worsening security conditions for humanitarian aid. Have the dangers really increased or, rather, do NGOs have a heightened aversion to risk?

FABRICE WEISSMAN – This report actually says that the incidence of attacks is stable. Between 1997 and 2012, the number of victims ranged between 50 and 60 per year for every 100,000 humanitarian aid workers. The absolute number increased – that is, the number of victims – but in relative terms, the stability is quite striking. This refutes the assumption that more people have died with regard to the number of persons exposed.

The second point highlighted by this database is that three-quarters of the accidents are concentrated in five or six countries, including the two Sudan, Syria, Pakistan, and Afghanistan. I don't think the situation is more catastrophic than in the past, but the threats are changing. We are no longer exposed to the same dangers. Working in Afghanistan in the 1980s meant the risk of being struck by Red Army carpet bombing. Today, the risk today is associated more with the rivalries between Afghan factions and groups claiming links with transnational jihadism. In that regard, the planetary conflict between transnational armed Salafist groups and the rest of the world and calls for killings and kidnappings of Western nationals fuels a less localized and more widespread threat that covers large swath of the Sahel, Northern Africa, Central Asia and the Middle East.

I think that what we see in the aid environment is less a risk aversity than a responsibility aversity to use Michael Power's wording.³ Humanitarian organizations fear being held responsible by public opinion, the courts, or donors for a security accident affecting their employees. There is much greater pressure to protect the institution from legal proceedings and so called reputational risk. This affects how security is managed. At MSF, we have an increasing number of "security" initiatives that, in my view, are designed not to address potential operational problems, but to prove, possibly in court or before public opinion, that MSF takes its employees' security seriously. There is a desire to standardize security management, guided by considerations that have more to do with protecting the institution than with protecting employees and maintaining operations. This is an aversion to institutional, reputational, and legal risk.

STEPHANIE STERN AND MARC VERZEROLI – In that regard, there seems to be a gap between the risk perceived by headquarters and the teams in the field. Do NGOs place the security of their teams above their commitment to the populations?

FABRICE WEISSMAN – There has indeed been a shift in the assumption of responsibility towards headquarters, but headquarters is not always more conservative than the field. However, I think that the people who are in the best position to make security-related decisions are those who will feel the consequences and are in direct contact with their environment. There is certainly a personal dimension, specific to each individual in the

² Abby Stoddard, Adele Harmer et Kathleen Ryou, *Aid Worker Security Report 2014. Unsafe Passage: Road attacks and their impact on humanitarian operations*, Washington, USAID, August 2014.

³ In reference to Michael Power, *The Risk Management of Everything. Rethinking the politics of uncertainty* (London: Demos, 2004) <http://www.demos.co.uk/files/riskmanagementofeverything.pdf>

field. It could be dangerous to standardize and transfer decisions to headquarters. It could lead to very conservative decision making that would constrain the teams; or, to the contrary, headquarters could push the teams to take unjustified risks. I'm not saying that the teams in the field should make decisions entirely on their own. They must be able to explain their analysis of the situation to headquarters, which in turn must confirm that the analysis makes sense, and stop them if it appears that they are going too far and the price is too steep. But headquarters should not take over for the teams in managing security - it should give the red light, not the green light. The trend toward the "professionalization" of security management tends to shift it to headquarters, which can prove dangerous both for operations and staff security.

STEPHANIE STERN AND MARC VERZEROLI - In the 1980s, MSF participated in efforts that involved non-neutral assistance, working with just one side in the conflict, in Angola, Eritrea, and Afghanistan. This offered better protection to the teams. Does this mean that security outweighs impartiality?

FABRICE WEISSMAN – This wasn't entirely a choice. We were working primarily with the rebels because the governments were not interested in working with us. That said, we still felt that we were impartial, because the needs were greater among the populations living in the rebel areas. This also went hand-in-hand with the ideological commitment of some MSF leaders at the time who viewed the anti-communist guerillas as fighting for freedom against totalitarianism. They were on the side of the oppressed confronting an oppressive government. It seemed normal to them that the oppressor would deny them access and that the oppressed would have the greater need. Unlike the International Committee of the Red Cross (ICRC), which did not want to intervene without the governments' approval, we chose to go ahead even if the government was opposed, precisely because there were significant needs and virtually no aid.

When MSF decided to enter opposition-controlled areas in Syria clandestinely in the second half of 2012, some people saw that as taking a political position. In fact, by criminalizing assistance to the populations living in rebel-held areas, the government transformed impartial humanitarian action into a partisan commitment. From our perspective, our choice was guided by the desire to go where the needs were the greatest and where there was no international humanitarian response.

In Angola and Afghanistan in the 1980s, the guerilla movements handled the logistics of our movements and our resupply. In a way, working with one side meant that we were less exposed. In the 1990s, when we began to seek a presence on all sides in Liberia, Angola, Somalia, Bosnia, Afghanistan, and elsewhere, security management became more complicated. We had to manage it ourselves then and deal with the fears and suspicions of various parties. As a result, contrary to the widespread notion that humanitarian principles offer protection, having a presence on both sides can create a more unstable situation in the relationship with authorities and can be complicated in security terms. Neutrality does not guarantee protection in and of itself. If you want to be safe, you are better off choosing your side and avoiding the places where it is contested.

STEPHANIE STERN AND MARC VERZEROLI – So is MSF’s position to choose a side or to adapt its decisions to the context?

FABRICE WEISSMAN – Working on just one side doesn’t necessarily mean choosing a camp. It can be the best compromise possible in order to assist populations in danger. At least that’s the position we took in the publication, *Humanitarian Negotiations Revealed*.⁴ Impartiality remains our guiding principle, even if its operational implementation lacks the self-evidence and transparency that we ascribe to it: Which victims should be given priority? The answer is never obvious, including in health catastrophes, where mortality rates should govern our choices, theoretically, as during the Ebola crisis. In Darfur, where I was head of mission in 2005-2006 and 2008, should we have given priority to working in the displaced persons’ camps, which provided access to the most people, although they were in relatively good health at the time? Or should we have sought out the small groups who had not been able to flee and were clearly in a much more precarious situation? Impartiality does not provide a ready-made answer to these questions. One consideration to take into account is the political authorities with whom we will be able to negotiate. Who will be able to facilitate our work, starting from the principle that the political exploitation of aid fuels negotiations? If we are not politically useful, there is no reason for a government or a rebel group to let us carry out our work. To put it blankly, our security and more generally our operational space depends upon our ability to find a decent way to be more useful alive than dead to armed men and powerful politicians. The issue is thus not determining whether we are being manipulated, but whether the manipulation is acceptable.

STEPHANIE STERN AND MARC VERZEROLI – Syria raises the issue of access to victims. In that regard, what is your position in terms of the religious groups described as terrorists?

FABRICE WEISSMAN – The problem is not whether a group is described as terrorist, but whether it allows us enough space to assess the situation and respond adequately to the needs that we define as priority. We must consider the severity of the crisis and ask ourselves how cooperation with such an authority would enable us to respond. Next, we need to consider the cost in terms of possible misuse of our resources, the risk to the security of teams and patients, and the freedom to speak out and control the kinds of actions we want to take.

In Syria, we are currently working in territory controlled by Islamist groups such as Ahrar al-Sham. Our Syrian teams have a relatively independent and autonomous view of the needs and have the flexibility necessary to operate the hospitals in keeping with medical ethics. Furthermore, our MSF Belgium colleagues are supporting networks of Syrian doctors in areas inaccessible to the organization. They have enough confidence in their contacts to ensure that the resources they provide are used properly.

⁴ Claire Magone, Michael Neuman, Fabrice Weissman (ed.), *Humanitarian Negotiations Revealed. The MSF Experience* (London: Hurst & Co, 2011), <http://www.msf-crash.org/livres/en/humanitarian-negotiations-revealed>

With regards to populations living under the authority of the Islamic State, we do not currently have the autonomy necessary to ensure that our assistance could benefit them first. However, the situation does not appear to be catastrophic from the demographic perspective. If we were seeing adult malnutrition or the large-scale use, once again, of chemical weapons, that would change the equation. We might conclude that we needed to make additional compromises because large numbers of people were dying. Based on the information that we are able to obtain, particularly from the refugees, the situation remains highly precarious – many people are dying in the bombings, many women are unable to give birth in acceptable conditions – but it has not reached a point at which we would agree to send aid without any controls.

The second factor is the current lack of security guarantees. Some of our teams were kidnapped in January 2014, despite guarantees from the Islamic State. We have no reason to think that that could not happen again. For now, the only alternative would be to blindly send supplies and equipment, knowing that we cannot be sure that they will reach those in the greatest need and not be misappropriated.

STEPHANIE STERN AND MARC VERZEROLI – If we compare this crisis to Biafra and the outrage that led to MSF’s founding, the humanitarian sector seems more reserved and hesitant today. It’s no longer about action *at any price*. Are we talking about a “failure of humanitarianism” here?

FABRICE WEISSMAN – Sending international teams to northern Syria today means taking the risk that colleagues could be executed or kidnapped for ransom. It is legitimate for humanitarian actors to refuse to take the risk of serving as a propaganda tool by providing sacrificial victims for YouTube videos or to fill the coffers of a political-military movement with contributions from the public or the governments who fund them.

This is not the first time in the history of MSF or humanitarian aid when we have faced these kinds of limits. In the end, abstention thus becomes the lesser evil. MSF refused to work in Cambodia under the Khmer Rouge, concluding that we lacked the minimum level of autonomy to evaluate needs, distribute aid, and ensure that the aid would indeed go to victims, not executioners. We were expelled from Ethiopia in 1985 for the same reasons, for having protested the way in which aid was implemented: to create violence, rather than reduce it.

I consider that a sign of vitality, not crisis nor failure. Being able to say ‘no’ means giving ourselves the negotiating space that allows us to ensure that we are not just passive tools in the hands of the authorities.

STEPHANIE STERN AND MARC VERZEROLI – Given its current form and principles, doesn’t the humanitarian sector need greater political weight if it is to have an influence?

FABRICE WEISSMAN- We cannot say that the Syrian crisis has been neglected and that humanitarian organizations are responsible for that. A coalition of States declared war on

the Islamic State and the budget for aid operations totals in the billions. This is the largest refugee crisis in the world today and there are aspects where the policy has shortcomings, specifically in terms of receiving refugees in Europe. These are issues to be explored and MSF should participate more fully in this discussion.

However, I think that we are most useful politically is when we defend humanitarian assistance policies. During the time when aid was transiting only through Damascus and providing only marginal assistance in areas controlled by the opposition, there was a campaign directed at the States and the UN Security Council to encourage Turkey to open its borders wider, encourage donors to fund NGOs that were prepared to work on cross-border, and encourage the Security Council to adopt measures authorizing UN agencies to do so. At the same time, we were thus pressuring Damascus, which was fiercely hostile to opening cross-border corridors. The fear of seeing a “humanitarian highway” open up from neighboring countries helped UN representatives and the NGOs operating from Damascus win greater concessions from the government. We could do more today on the issue of access to enclaves. There might be a card to play now that Damascus is trying to present itself as a fortress against Islamism. Beyond that, we are not experts in conflict resolution.

To come back to the Biafra comparison, there are clearly some crises that lead to greater mobilization than others. Biafra was the first televised crisis – the first famine to arrive in households at dinner time on television. France also had an interest in defending the Biafran secession in order to weaken Anglophone Nigeria. Today, the fact that the opposition to Bashar al-Assad’s regime largely takes the form of the Islamic State does not help to mobilize aid. The conditions are less advantageous, even if this is one of the most intense crises, with a conventional army that uses modern means of war in densely-populated areas on one side and a group with totalitarian goals on the other. In that regard, the level of response is not in keeping with the severity of the crisis.

To return to the issue of reform of the humanitarian sector, we must adapt on a continuing basis. Perhaps there was a kind of euphoria in the 1980s-1990s, when the media and Western public opinion showered humanitarian actors with praise, but it wasn’t necessarily a golden age in operational terms. The situations were extremely demanding. We faced the genocide in Rwanda and the mass murders that followed in Zaire, with hundreds of humanitarian aid workers killed. Perhaps the sector has lost the elevated position it held in the eyes of Western public opinion in those years, but that does not mean that NGOs are in a state of decline today.

As for the future – two years ago, who could have imagined that we would be facing a large-scale epidemic of hemorrhagic fever and the emergence of a competitor to Al-Qaeda with such local and worldwide influence? Who knows whether the situation will reverse itself tomorrow? Between 2001 and 2006, it was impossible to negotiate with the Taliban. Today, the ICRC and MSF are deploying nearly 3,000 humanitarian aid workers (including 240 expatriates) in Afghanistan, including in the areas where the insurgents have settled.

Interview by Stéphanie Stern and Marc Verzeroli, April 9, 2015.