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HUMANITARIAN ASSISTANCE, HEALTH AND HUMAN DEVELOPMENT**
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Mr. Chairman, first let me congratulate the George Washington Center for International Health on its designation as a World Health Organization Collaborating Center for Health and Development. It is very fitting that it should choose to mark this Fourth International Forum with the discussion of so challenging a topic. The idea of humanitarian assistance is not new and throughout the ages nations and groups of people in nations have helped others in times of stress. Within the last 100 years, however, we have seen humanitarian assistance being more carefully codified and its principles have been the subject of much legal debate at the international level. Increasingly, efforts have been made to reduce the fragmented approach to this assistance through the various international fora, and today within the United Nations, it is being viewed as a complex process that requires a great deal of coordination, at all levels, and as deserving more than an *ad hoc* response to needs.

One cannot speak of humanitarian assistance without first referring to what provokes it. The disasters to which humanitarian assistance is applied are themselves becoming even more complex. There was a time when we divided them simply into manmade and natural disasters, but this difference is disappearing gradually. The vulnerability of a population that causes a natural hazard to produce a disaster is often manmade: the complex mega disasters of our time are also usually manmade and are most often the results of strife among peoples — I am being gender specific deliberately.

It was somehow comforting to believe that the natural disasters were more predictable and many of their damaging effects could be prevented, but in recent times it is the increase in the magnitude and sheer horror of the manmade disasters that is a source of global concern. We have all heard references to the end of the Cold War and the shattering of the dream of world peace by the emergence or resurgence of racial and ethnic conflicts of a scale that calls for massive humanitarian assistance.

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** **Fourth International Health and Development Forum, From Humanitarian Assistance to Human Development.**

As Mr. Boutros Boutros-Ghali puts it

The absence of peace is a pervasive reality in many parts of the world. Most peoples must strive to achieve their development against a background of past, present or threatened conflict. Many carry the burden of recent devastation and continuing ethnic strife.

The end of the Cold War was marked not only by the fall of a wall. With the disappearance or blunting of the ideological conflict there was a concomitant change in the dominant thinking about societal organization. It became clear that there was an inexorable progression towards a liberal democracy based on the twin principles of liberty and equality and accompanied by technologically driven capitalism. The market ethic as it was applied, often successful in transforming societies, left large numbers marginalized, increased the numbers of the poor, often increased inequalities and left large populations vulnerable to the natural and manmade hazards. This created greater emergencies and greater need for humanitarian assistance. The increased attention to humanitarian assistance has been favoured by the media that so rapidly transmit to a global audience the horrible effects of man's inhumane treatment of man. Unfortunately, there is often much distortion in media coverage. Not only does a small minority of all emergencies receive significant coverage — perhaps we should be thankful for that — but the attention paid to an emergency is poorly related to its magnitude or the needs of its victims. Unfortunately, financial support for humanitarian assistance is often related to the importance given to the emergency by the media.

I confess that when I read and hear of these new wars and rumors of wars, I long for the certainty of Andrew Carnegie who created the Carnegie Endowment for International Peace and his deed provided that

When the establishment of universal peace is attained, the donor provides that the revenue shall be devoted to the banishment of the next most degrading evil or evils, the suppression of which would most advance the progress, elevation and happiness of man.

There is now considerable literature that speaks to the continuum from disaster to humanitarian assistance to development. Disasters are seen to be related to development in various ways.

- Development can increase or decrease vulnerability.
- Disasters can set back development.
- Disasters can provide development opportunities.

I cite these almost as they appear textually in various documents precisely to point out that the common perception of development as related to disasters and humanitarian assistance is to see development as coterminous with enhanced opportunity for economic growth at the individual and national level. This is a persistence of the shibboleth that bedevils so much of the discussion and debate about development. I congratulate the Center sincerely for having made clear that it is human development that is at the center of our concerns and when we wish to speak of economic growth or development we should say so.

A very simplistic and biased view of the human development we seek is that it is concerned with enhancing quantity and quality of life. The determinants of that quality would be a matter for further expansion. But I cannot overemphasize the debt we owe to Mahbub Ul Haq and his colleagues at UNDP who since 1990 have advanced our thinking about what is meant by human development and have suggested that it represents the enlargement of our human choices or our life options. There are various ways of defining the ingredients for human development and I have referred often to the five major ones as health, education, a safe and healthy environment, economic growth and what I call people freedoms. The latter encompasses political and social freedoms, many of which are subsumed under human rights.

It is in the context of this perspective of human development that we must see health and its relation to humanitarian assistance. Without health, there can be no chance of realizing the options and chances life may have to offer.

The immediate threats to health are often the major targets of humanitarian assistance and it is perhaps the immediacy of the health needs and the perception that impact of external aid on other components of human development is so slow, that have led to a shift in the allocation of assistance funding. Funding for humanitarian assistance has increased dramatically in recent years.

The spending of the major donors, the members of the Development Assistance Committee (DAC) on bilateral emergency relief and refugees, increased from approximately 1.5 billion dollars in 1990 to 3.5 billion dollars in 1993 and their contributions to major international agencies for emergency relief and refugee activities was 1 billion dollars in 1990 and increased to 1.7 billion in 1993. Thus, total humanitarian assistance doubled in the three years after 1990. There is a fear that humanitarian assistance may be drawing funds away from projects that are long-term in nature and are focussed on stimulating economic growth. Official development assistance from DAC members fell by 8.0% between 1992 and 1993 and the ODA of these countries as a share of their GNP fell to 0.30% which is the lowest level in 20 years.

We point out the damage to physical health that is addressed by humanitarian assistance, but we often forget the mental health consequences of disasters and the difficulty in restoring it. This difficulty is due to the imprecision of diagnosis, the lack of appreciation of the nature of post disaster symptomatology and also to the fact that there are usually few resources at the local level to address this problem. There is good reason to believe that the mental health problems of displaced and traumatized persons prevent them from being optimally productive members of a new society.

I wish to deal more specifically with the interactions of health with two other components of human development. The relationship of health to possible economic performance and viceversa is well documented, specially at the individual level. Simply put, healthy individuals can be more productive and there are well-established relations between the wealth of a country and its health indicators. It is less well appreciated that investment in health and nutrition have a demonstrable positive impact on the economic performance of countries. These data have been obtained from countries that have not been subject to major disasters and received

massive amounts of humanitarian assistance, but there should be no *a priori* reason for the general thesis not to hold. The nature of the health problems addressed and the duration of the assistance are both a concern in populations that have suffered disasters. In the acute phase of the emergency when the accent is on saving lives, it is difficult to think of long-term effects on economic growth but post emergency, the assistance, if it continues, might profitably be applied to other aspects of health, such as prevention and promotion and stimulating the involvement of beneficiaries themselves in designing the programs that favour good health. In this acute emergency the emphasis will be given to feeding the hungry, vaccinating the children, providing clean water without which there are increased risks of diarrheal disease, and treating the many severe illnesses that are a direct result of the disaster.

The relationship of health to people freedoms I described above as one of the aspects of human development, has received less attention. During and after the phase of humanitarian assistance, health is an issue that stimulates and facilitates negotiation and agreement. The concept of health as a platform or a bridge for peace was devised by the Ministers of Health of Central America during the dark days of intense conflict in that area. It is well documented that the ability to come together for discussion and planning of health initiatives contributed to the peace process and it was not only the moral or ethical aspects of health and the preservation of life that was important. There was a clear perception of the mutual self-interest that could be served by common approaches to health problems. In addition, the willingness of the health sector to establish joint activities caught the imagination of the international community and led to chaneling of substantial resources to that area. There have been less dramatic but equally important examples of health cementing relationships across borders between countries.

The capacity of people to form groups and bond socially is a very important factor in promoting economic growth. It is now being realized that the formation and preservation of social capital is as important as human and physical capital for a country's progress. There are many reasons for people to come together and generate this social capital and we have proposed that health may be one such reason.

The mechanisms for promoting health are more profitably applied at local levels and we have seen remarkable growth of the concept of healthy municipalities in the Americas. I regard these as yet another political space in which people interact and I am impressed by the alacrity with which they interact for health. Once the determinants of health have been clearly drawn out, local actors address them with the resources at their disposal and usually with positive results. The concern for health is creating the local interaction that is stimulating or preserving the social capital necessary for societal progress.

I will not describe the interaction between health and education or the relationship between health and the macro or microenvironment. These are solid relationships that must be taken into account, as countries move from the stage of disaster induced humanitarian assistance to the kind of human development that permits the flowering of the human spirit and the exercise of human choice. I have not addressed the gender determinants of health, how they may impact on human development; the nature of the burden women bear before the arrival of humanitarian assistance and the role they play in ensuring the application of such assistance to health.

What role do I expect this Center to play? First and foremost I hope that it will continue to espouse the notion of human development and avoid the imprecision that goes with the failure to qualify what kind of development we speak about. I would also wish it to apply some of the concepts derived from research into the relationships among the various components of human development to its teaching. As a WHO Collaborating Center with an international focus, I am confident that it will continue to advocate for the practical role of health in the human development that may be in question during disasters and in the application of the humanitarian assistance that is now such a common feature of our world.

My interest in this area is not academic: my Organization has an active program that gives technical cooperation to countries that have been or may be subject to disasters. Our involvement begins far back in the chain and we have tried to show the need to be concerned with mitigation, prevention preparedness, relief and human development. There are well-established methods that when applied to physical installations mitigate the effects of disasters, and we show that some of the effects of disasters can be prevented if there is proper preparedness. Even in the relief process there is a possibility not only for direct assistance to the needy but also to help recipient countries avoid much of the chaos that goes with any massive outpouring of sympathy and the varied offers of humanitarian assistance.

Mr. Chairman, we have come a long way in time since the Swiss banker, Henri Dunant, experienced the carnage of the battle of Solferino and was motivated to start the movement that became the Red Cross and led the Nobel Committee to give him the first Nobel Peace Prize in 1901. Unfortunately, the humanitarian assistance rendered by that organization and others is still very much needed, but whereas Mr. Dunant was concerned only with the care of the wounded, we go a step further and try to ensure that the humanitarian assistance leads to that human development of which health is an intimate part.

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