

# TRANSCRIPT

*EPISODE 7: Humanitarian Ethics*

**Hosted by:** Rebecca Richards

**Guest:** Dr. Caroline Clarinval

*Transcripts may have been edited for clarity.*

**Rebecca:** Hello and welcome to Just Emergencies. I'm Rebecca Richards and for today's episode, I sat down with Dr. Caroline Clarinval, who is the WHO Country Office Representative in Kazakhstan.

At the time of recording, she was actually the WHO Health Emergencies Lead in Kiev, in the Ukraine. She's also previously worked for the International Committee of the Red Cross as well as being a Research Fellow at the Institute of Biomedical Ethics at the University of Zurich.

For today's episode, I asked her questions about her experiences regarding the Ethics of Humanitarian Action.

*[Intro Music]*

This is "Just Emergencies", the podcast where we show that global health emergencies are anything but just. In each episode we explore an issue, question, or event that makes us think about global health emergencies, humanitarian crises, and how to best respond to them. Without further ado, let's get into the episode!

**Rebecca:** *Welcome and thank you so much for sitting down and taking the time to talk with me about this.*

**Dr. Clarinval:** Thank you Rebecca, it's a privilege to be here with you today.

**Rebecca:** *So I've mentioned there that you currently work for the WHO in Kiev. And you've also worked for the International Committee of the Red Cross. Those are some of the big organisations that we first think of when we think of Humanitarian Action. So what does your work, and did your work, involve for these organisations?*

**Dr. Clarinval:** So I worked for a decade with the International Committee of the Red Cross (ICRC). And I was in charge of managing large-scale relief operations in Africa, Middle East, and Asia. Always in countries affected by conflict. That's the particularity.

Since I joined the WHO in 2015: first I started off working at WHO at the Regional Office in the Middle East. And I was looking after the Emergencies Programmes, but particularly from a health care service provision perspective. And I'm doing the same in Ukraine. Again, essentially looking after countries affected by conflict and the consequences these conflicts have on the provision of healthcare services to people affected by the disasters.

**Rebecca:** *And what are some of the biggest ethical challenges that you face in your humanitarian work and the associated responses to it?*

**Dr. Clarinval:** That's a good question.

One of the key ones is the lack of access of available resources - in terms of finances as well as qualified human resources. But that is true whether from the perspective of the local authorities, the local health systems, but also for the different organisations. So we're just constantly confronted with the requirement of having to allocate our resources in a fair manner. And that is not always possible and requires a lot of effort from our side - a lot of convincing. And a lot of thinking to make sure that what we do is on one side as cost-effective as possible, and on the other side of the highest quality, as well as sustainable and allowing us to make sure that we improve access to quality healthcare services for people affected by conflict at any time.

**Rebecca:** *I heard you speak a little bit more about your work earlier today. And you mentioned that in terms of discussing these kinds of ethical issues, it potentially happens... or there's more space for that in academic circles currently, than in the humanitarian circles. Is that a correct assessment of what you said earlier today?*

**Dr. Clarinval:** Yes, indeed.

What I've witnessed so far is that there's a greater interest in reviewing, or critically assessing, or critically thinking through what humanitarian agencies are doing on the ground in academia versus in the different organisations.

There is improvement - things have changed over the past 10 years, I would say. But not to the same level in every organisation and not all of them are equally keen on pushing this agenda further. Some even totally ignore it. And it's very difficult for professionals or humanitarian aid workers that have a background in ethics to bring that interest across and to promote it in-house.

**Rebecca:** *Right, so you've developed this ethical model for humanitarian responses. Is that in response to this lack of widespread, systematic conversation in the sector?*

**Dr. Clarinval:** Yes, indeed.

So the 10 Step model that we've developed in the paper called 'Challenging Operations' was developed in the aftermath of some of the more difficult situations that I was confronted with whilst working in the field.

There were situations that pushed me to my limits and where I thought that what we were doing was ethically not justified. But I could not, at that point, pin down or illustrate the issues that I was confronted with. With a bit of reflection, I developed that model with the support of my Professor, Nikola Biller-Andorno. And it is a tool that allows us to approach this issue of making decisions in humanitarian areas in a more structured, in a more transparent, manner.

This ultimately allows us to then monitor the effect our decisions have had in hindsight, and to improve ultimately programmatic outcomes for the people affected by conflict.

**Rebecca:** *So you've mentioned there that there's ten parts to your model. What are the main messages of the model? What are you trying to get organisations to think about and think through when they're considering humanitarian action?*

**Dr. Clarinval:** So then ten parts of the model are:

The first part is gathering the evidence. I'm a firm defender of evidence-based interventions. This is particularly true for interventions in the area of healthcare and providing healthcare services.

Then it's also important for us to develop and define the values and norms and principles that we abide by. To define the argument that we're confronted with. And then to look at the different options that we have.

Once we've defined the different options that we have, we would suggest to go into a process where we weigh those options and where we discuss which one would be the one that we would prefer. And then we elaborate the decisions - the seventh point highlights the necessity to justify why we decided on that particular option. Let's assume you have got an ethical issue, you have three different options, you decide that you take Option B... but what we're suggesting is that we justify why we chose Option B over Options A and C. And that we then implement it and that we then, in the end, monitor the impact of that decision.

So in a nutshell, the advantages of that ten step approach is that provides a structure, it promotes transparency, it ensures monitoring of the decisions and their impact, it promotes assessing - an assessment of the decisions-, and ultimately it improves the results of the programme outcomes.

So it's just a sort of a structured way of looking at why we do what we do, and to make sure that these decisions are not just taken like that, but that they're thought through. Because it's the only way... if you put them down in a transparent way, it's the only way that we can then ultimately assess or monitor if what we decided back in the days was actually the right way forward.

This is all the more important in situations where we have a high turnover of staff. Most of the time we run into a context or a country and we don't know why certain decisions were taken. Often times they were actually good decisions; not necessarily wrong decisions. But if you cannot backtrack or trace the logic behind them, in situations of conflict, in situations where things change very quickly, you're then at a loss if you don't understand the logic of what was decided. I believe that it's always important to put things back into context.

**Rebecca:** *As far as I'm aware, Johns Hopkins University drew on this model in one of its more recent reports. Can you just tell me a little bit about how they're using this model and what they were doing with it?*

**Dr. Clarinval:** It was very funny.

So if I remember well, they were doing a literature review looking at what are the different models that are out there and identified two. One of them was our Ten Steps Approach model that we wrote up in the 'Challenging Operations' paper. And another one was done by another set of scholars in Canada - McGill University.

And interestingly enough, they've applied both frameworks in the context of Syria and with Syrian healthcare workers. Obviously, because of lack of access to Syria, they applied it in Turkey - Gaziantep. Apparently the physicians appreciated the tools and they were very fond of them. And then Hopkins suggested a few recommendations on how to change them a little bit.

But the message here is that this tool was developed based on field experience - a decade in the field. What was I thrilled about was to hear that researchers from Johns Hopkins thought it was an interesting tool

and applied it to the Syrian context. And what made me even happier was that Syrian physicians or physicians working in the area of Gaziantep with Syrian refugees thought that it made a difference in the way that they were managing their responses.

So, ultimately we could see that what we had developed made a difference and contributed to improving the responses of healthcare workers in countries affected by conflict.

**Rebecca:** *Another thing that you've contributed to and drew on your experiences in the field was in your book chapter 'Stop Missing the Point' which is in the book 'Humanitarian Action and Ethics', which I'll link to in the shownotes later. And in that chapter you talk about what you call 'the business model of humanitarian ethics'. You relate that back to a few things such as the need for humanitarian organisations to raise a lot of money, to make those resources available that you previously mentioned there was a scarcity of, and also another part of that is that sometimes there's a partnership between not-for-profit and for-profit organisations. So how do those kinds of things - having to raise money and seeing where the money comes from and partnering up with other organisations -, how can that complicate the picture?*

**Dr. Clarinval:** So if you look at how humanitarian resources are being raised, much of the fundraising is either earmarked or non-earmarked. I have an issue with earmarked funding, because this is when the donor dictates where I can spend the money or what kind of activity I have to invest the money in. I understand that it's important that the donors or the partners - as others would call them - are involved... yet sometimes we can counter-balance these decisions and ensure a sort of fair and just approach to assisting people affected by conflict, because there is always two parties to the conflict - at least -, if not more. And a fragmented

response is not good enough. So if the funds are earmarked for a specific group, or a specific ethnic group, or a specific religious group, or a specific area of the country, then aid agencies run into the issue, the difficulty to provide impartial, independent, and fair support to all the parties, or all the people, affected by the conflict.

In that situation, we ought to promote and strengthen and further the debate with the donors. Nowadays, it's essential that humanitarian aid agencies are very clear about the funds they ask for and the funds that they accept. I also believe that there's a need for further debate with the different aid agencies and between the different aid agencies and the donors or partners as we might call them, in order to ensure that the aid - the financial support - is not as earmarked as it is today. Because it does not strengthen or support a fair and just approach to assisting people affected by conflict.

**Rebecca:** *So there's, in your eyes, need for more transparency in that process?*

**Dr. Clarinval:** There's particularly a need for less control and for more trust, insofar that, for example, if aid is required on two sides of a frontline that it's up to the agency to decide on which side the needs are greater. And it should be needs based discourse and not a politically driven debate.

**Rebecca:** *I mean that makes perfect sense to an outsider, but I imagine it's a lot more complicated behind the scenes to structure it in that way.*

*And in that same chapter you also talk about the difficulty of staffing humanitarian organisations - or the workers on the ground - in terms of the skills and the qualities that people need to have. So this idea of 'do we*



*need people that are more technically inclined?' or 'do we need more great managers?' And how do we train people? Is there a standard curriculum that every humanitarian worker needs to go through to get the skills that they need? So could you tell us a little bit more about this and potentially the difficulties associated with that?*

**Dr. Clarinval:** It's an interesting debate, because it goes back and forth. There are periods where aid agencies hire managers and then there are periods where aid agencies hire technical staff.

I'm a bit more nuanced in this approach. I believe that we have to have the right person in the right job. And that's not necessarily a simple task to achieve. In recent years I've come to the conclusion that, ideally, we would have outstanding managers in charge of highly qualified technical staff.

Nevertheless, the managers can't only be managing. They also have to have a minimum amount of knowledge of technical know-how in the area that they're working in. Simply because for them to manage the experts, they have to be aware of the difficulty and the degree to which the experts can contribute to the operations. And it's only... it's unless they understand how valuable these expertise are, they will never ever be able to manage them appropriately.

Another point I've highlighted in the book is this need to have people that are actually capable of leading debates and to have ethical training or training in ethics. Why does that? This matters simply because the issues that we're confronted with are not necessarily only of managerial, logistic, or administrative nature. Many of them are actually ethical dilemmas. And it requires a skilled person to find out what that means and to identify an issue as an ethical issue, to be able to also then

address it in an appropriate way to order to come to a solution. So it's not... you have to have a multi-disciplinary background as a manager of large-scale relief operations. And then only, if you're capable of getting the best out of your staff and allocating your resources in the most optimal way and transparent fashion, the only you can hope to do the best for the most in the country where you work.

**Rebecca:** *I can only imagine that that must be an incredibly challenging environment to work in. In particular, if you're faced with these ethical dilemmas where there's no clear way forward. So I'm just in awe.*

**Dr. Clarinval:** What I'd like to add to this is: if you are an experienced humanitarian worker and if you've got the expertise on how to manage, many of these solutions can be found fairly easily. Simply because you know. That's the experience that speaks, the expertise that speaks.

But then, when you're confronted with a new issue that you've not yet had the opportunity to think through, then you have to remain extremely humble. You can ask for help and that's why I'm always very fond of reaching out to colleagues and friends from other disciplines, be they lawyers, philosophers, physicians, bioethicists... the more the merrier. And I do consult. I've learnt to ask for help in life. And when I'm stuck, I reach out to my colleagues or academics... anyone, in order to gain greater insight, to see different viewpoints, and to then assess what would be the best way forward. Because there's simply moments where you do not know what's right or what's wrong. But in that moment, humility and reaching out for guidance and other viewpoints and thoughts is maybe the best way forward.

But I believe, just to say so much, that there's different initiatives that are popping up now. At least there is sort of a momentum in the

humanitarian world where not only important agencies - you know the ICRC, MSF, and some of the UN bodies - are starting to engage in that theme much more, but there's also academics - be it in Canada, in the US, the UK, and elsewhere - that are focussing on that subject much more. So there's actually hope. Because I do believe that we can only move forward or grow, if we do this as a community. Because we have not yet reached the critical mass of humanitarian aid, or academics, or any other professional that are interested enough in that subject to level things up.

I would definitely recommend to students, healthcare workers, or humanitarian actors to proactively reach out to some of the scholars and some of us. Because I think we're all there to support each other and that sense of *entendre* - as we would say in French - is important and needs to be further promoted.

**Rebecca:** *Well, thank you so incredibly much for your time and I guess for giving me a sense of hope there as well, that we're moving in a certain direction in thinking about these issues. So thank you very much.*

**Dr. Clarinval:** Thank you, Rebecca.

*[Outro music]*

That's it for today – we hope you enjoyed the today's episode. Episode transcripts are available below the episode description. We also have shownotes on our website, where we not only list all the references mentioned in this episodes, but also give you some further resources if you're interested in learning more about today's topic.

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Be sure to check out and explore our website "Justice in Global Health Emergencies and Humanitarian Crises" for more great content, just go to <https://www.ghe.law.ed.ac.uk/>.

Thanks for listening and see you again for the next episode.

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