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Motivating the private and public sector to establish common goals

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Background

Thirteen years after the end of the cold war and the ensuing change in world order in which numerous new conflicts rapidly emerged across the world, particularly in Africa, the international humanitarian community is still responding to the overwhelming humanitarian crisis caused by both the ongoing long-term unresolved complex emergencies, and the new ones.

Regional conflict in west Africa which inextricably entwines the neighbouring countries of Sierra Leone, Guinea, Liberia and Ivory Coast is ongoing after more than a decade of revolving war that have created and maintained the worlds largest displaced population. The Democratic Republic of Congo, Burundi, Sudan and Somalia all seem entrenched in so far essentially unresolved conflicts of a highly complex and individual nature. A few war-torn African nations including Mozambique, Angola and Rwanda are now taking firm steps along the fragile road to a peaceful future. Still others seem poised to fall into the path of conflict. The humanitarian crisis caused by these African conflicts along with Afghanistan, East Timor, Sri Lanka, and the Balkans place an ever-increasing responsibility on the international and national communities alike to mount more effective responses. These conflicts displace millions every year and create the most challenging and often insecure working environments imaginable for humanitarian agencies and governments attempting to respond to basic shelter, water, health care and food needs, often working with tools and materials designed for very different settings and applications.

Despite some significant success stories in some parts of Asia, Europe and the Americas the worlds annual malaria death toll has risen steadily. Over 90% of the worlds *Plasmodium falciparum* malaria burden is confined within sub Saharan Africa causing the vast majority of the world's annual malaria deaths. The malaria death toll in Africa has risen steadily through the last century but increased dramatically since the onset of the new era of conflicts which now characterise this continent. Today over one third of the worlds total annual malaria deaths occur in conflict and refugee affected countries in Africa.

The annual displacement of millions of people and the appalling living conditions created by long term conflicts has undoubtedly changed both increased the impact, and in some cases the distribution, of the most life-threatening diseases, such as malaria, amongst vulnerable populations. It has also contributed to reducing the efficacy of many of the previously useful drugs and chemicals used to treat or prevent malaria and other diseases.

In a decade where the need for new, more effective disease prevention and case management tools has never been greater and the contexts in which these tools must be used more

challenging, public and private sector organisations increasingly need to work together to meet these challenges effectively. These partnerships to succeed must be based on common objectives, mutual respect for each other’s comparative advantage, responsibility for actions taken and driven by solid commitment on both sides to produce the new tools and materials that will help maximise the humanitarian response to save lives and reduce suffering in crisis.

Objectives:

The objectives of public sector humanitarian organisations in crisis situations are focused on the timely delivery of effective relief aid primarily to save lives and stabilize the situation. These initial actions normally set the path for longer-term solutions that must follow if the cause of the conflict is not resolved.

The objectives of private sector organisations are focused on specific, measurable and time-bound issue relating to growth within the key financial figures of concern for the organisation, and the environment within which they compete.

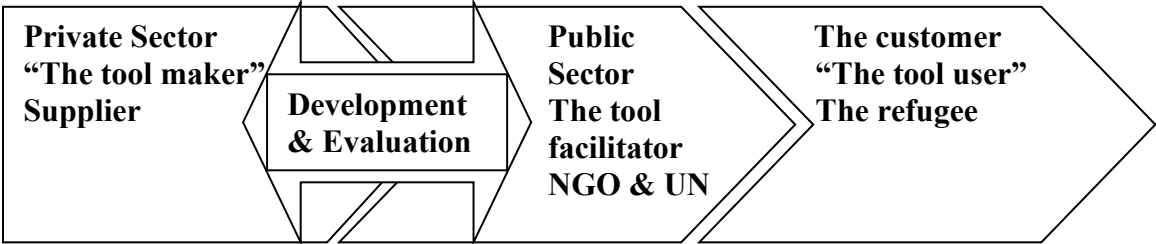
While the private sector is focused on growth in monetary terms and the public sector on relief, to reduce death and suffering and general life improvement, is it possible for the 2 to establish common ground?

Holistic Strategies

In spite of the 2 very different sets of objectives, the private and the public sector share the same factors critical to achieve success. The most dominant one being their joint efforts and ability to maximise impact of the relief operation offered to the refugee population. Consequently, the refugee becomes the target of not only the public sector, but also a customer of the private sector.

In short, it is a critical success factor of both the private and the public sector to ensure customer satisfaction among the refugee population.

Obviously, this calls for a different mindset from both parties. The private sector needs to view the public sector as the distribution channel to reach the targeted customer, instead of viewing the public sector as the customer. The public sector needs to accept that they are the facilitating link between the private sector and the refugee. That they are dependent on the private sector, with whom they are sharing the value chain.



When discussing customer satisfaction among refugee population, or impact on ground, there are 2 ways in which this should be measured: **timeliness and effectiveness**.

Timely. Speed of response in an emergency to achieve proper impact, can only be optimised, if the tools are known, available and deliverable in useful quantities in a very short time frame.

Effective. To be effective the tools used by humanitarian community whether to control malaria, provide shelter or meet clean water requirements must fit the people and the purpose, meaning they must be useable by the aid worker under the constraints of the crisis, they must be suitable in design to achieve the intended impact for the task and acceptable by those who depend upon its use, or those whose behaviour will determine the eventual effectiveness of the tool.

It seems evident that in order to tackle the critical factors for success, being timely and effective is not only a public sector objective, but also a common goal shared by both the public and the private sector.

While the timely delivery of the tools is a matter of proper promotion and placing of the product, ensuring the effectiveness, through the creation of proper tools, is an issue, a key issue, which unfortunately has received very little attention in the past. First, because of desire by the public sector to keep the private at an arms distance, secondly, in order to stretch donor money as far as possible, there has been a high level of standardisation, which in the long run prevents and reduces the innovation level and development of new tools.

The last 13 years of intensive humanitarian aid is sadly filled with many examples of “misfit” tools/ products. All too often the consequences of the supply and use of misfit tools has been failure to adequately control the very high rates of death and suffering that characterise the majority of emergencies in Africa, south east Asia and other regions.

Getting it right is a challenge to both public and private sector organisations alike and working together to more clearly define operational and technical constraints and demands, understand key cultural acceptability and behaviour issues, cost limitations and opportunities for improving delivery and impact is essential if we are to motivate each sector to maximise what can be achieved in the worst most challenging arena.

Imagineering

We are now seeing new types of partnerships being formed, where the public sector no longer keeps the private sector at the arms length, but ensures that all parties are involved from the inception of a project. A good example of new types of partnerships was given in the article “Imagineering” published in the June issue of Aid & Trade

In “Imagineering” the private sector was responsible for innovation, risk taking and technical skills to apply very new technology to an old problem. The public sector was responsible for sharing the innovation, for goal setting, and evaluation of the tool. In effect, a cooperation where partners were jointly responsible for the effectiveness of the developed tool.

The example given in “Imagineering” was the development of insecticide treated plastic sheeting (ITPS) for provision of refugee shelters combined with effective malaria control in

complex emergencies. As a result of this dynamic partnership and commitment to shared objectives ITPS development and evaluation has been fast tracked through international product testing and is now under large scale field evaluation by the Johns Hopkins MENTOR Initiative working with WHOPES and field partners in West Africa.

The creation of common ground between the private and the public sector these tools can successfully be developed, meeting both the private and the public sector objectives. This partnership model surely holds out the promise of similar fast track development for other innovative, new and effective tools. The tool box for humanitarian workers attempting to control Lassa fever, diarrhoeal diseases and many other non-vaccine-preventable killers under the constraints of emergency settings is woefully inadequate and consequently in many ongoing emergencies death rates amongst the most vulnerable populations on earth often remain tragically high long after the last gun shots have been fired.

Richard Allan is the director of the new RBM MENTOR Initiative launched in October 2002, part of the Johns Hopkins School of Public Health, Centre for International Emergency, Disaster, and Refugee Studies. Richard was the RBM Secretariat complex emergencies co-ordinator from April 2000-Oct 2002. Richard's new team are dedicated to expanding practical support to reinforce the capacity of NGOs, UN and national partners working in emergencies and to develop key operational research areas for disease control tools and strategies in emergencies, His team are currently supporting emergency partners in Sierra Leone, Liberia and Angola with funding from US Government and the European Union.

Matthew Burns is the Operational Research Manager – MENTOR Initiative Sierra Leone. Matthew is co-ordinating full-scale Phase III field evaluations of insecticide treated plastic sheeting together with Sierra Leone Ministry of Health, EC, UNHCR and NGO field partners.

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