

# Erosion of trust in humanitarian agencies: what strategies might help?

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Aid agencies (AAs) provide a range of humanitarian and health related assistance globally. However, the trust placed on them is eroding. Evidence for this includes accusations of a decline in their humanitarianism, and the increasing number of conflicts with host states. An analysis of the concerns expressed yields two possible reasons: a relative lack of transparency of their work and weak accountability mechanisms. This is further supported by the existing milieu: an absence of internationally accepted instrument or mechanism to check the credentials of INGOs and an opaque system of close links between some of the INGOs and their donors. The article suggests two global strategies to tackle these issues: (a) Increase transparency by establishing a global register of aid agencies. This should have basic information: their main goals and activities, countries they are active in, number of employees, annual turnover of funds (updated regularly), principal financing sources and nature of links with donors. This could also be available as printed manual that should be freely available to client countries. (b) Ensure accountability by developing templates of fair legal instruments (to facilitate and regulate work), and a set of generic rules and procedures of engagement for the interactions between agencies and client states. These should be institutionalized within the regulatory frameworks of countries and included in the Codes of Conduct of NGOs.

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Aid agencies are organisations that are dedicated to distributing aid. At an international or global level, three categories can be identified: those functioning within governments (such as United States Agency for International Development [USAID] that is an institution within the US federal government) or between governments (e.g. United Nations Development Programme [UNDP] that is a global network linked to the UN) or 'independent' private organisations known as International Non-Governmental Organisations (INGOs). All these organisations play increasingly important roles in distributing development aid and humanitarian assistance. In recent times, the scope of work of these agencies, especially that of INGOs (including medical philanthropists) have included an expanding circle of interests in the health arena: providing health care to the needy to responding to humanitarian crises to providing comprehensive packages of health services to administrative regions in developing countries (1).

The initiatives of INGOs are often supported by the international community, the WHO, and donors (1, 2). However, in the recent past, there have been serious concerns on their conduct and a sense of mistrust developing among different stake holders. Evidence of

mistrust includes accusations of compromising humanitarian ideals, eagerness for profits and media coverage and embracing political and religious agendas. The relief effort in 2010 in Haiti prompted an editorial of the *Lancet* (aptly titled *Growth of aid and the decline of humanitarianism*) to note that some organisations are driven by publicity and profit motives that compromise humanitarian ideals (3). It stated that '... large aid agencies can be obsessed with raising money through their own appeal efforts. Media coverage as an end in itself is too often an aim of their activities. Marketing and branding have too high a profile. Perhaps worst of all, relief efforts in the field are sometimes competitive with little collaboration between agencies...'. There are also increasing number of reports of conflicts and strains between INGOs and developing countries. Some of the conflicts indicate a perception among host governments and other observers that certain INGOs have hidden agendas (4). Events in Haiti in 2010, Sudan in 2009, in Iraq and in Southern Asia after the 2004 tsunami, illustrate the possible consequences of such a view. In Haiti, NGO workers were arrested for child trafficking during the relief efforts. Sudan accused the INGOs of conniving with the International Criminal Court to issue

an arrest warrant for President Omar al-Bashir on charges of war crimes and crimes against humanity. This led to the expulsion of 10 prominent INGOs (e.g. Oxfam) that Sudan defended at the UN saying that they had transgressed from their mandate and dared to challenge Sudan's sovereignty (5). In Iraq, faith-based NGOs were suspected of unfair proselytisation under cover of their humanitarian assistance, partly substantiated when certain Christian relief agencies announced their intention to mix humanitarian aid in Iraq with evangelisation (6). A similar accusation was made after the tsunami of December 2004, when some faith-based NGOs were accused of attempting to blackmail vulnerable communities to enter their faith to receive aid (7).

### Root causes for erosion of trust

What are the root causes for this erosion of trust of humanitarian agencies, especially the INGOs? The answer is provided in part by analysing the concerns expressed in relation to the above events: the 2004 tsunami, the conflicts in Iraq and Sudan and the 2010 cyclone in Haiti (3–7). All these situations had two main themes: an accusation of hidden agendas (i.e. a lack of transparency), and inadequacy of agreed mechanisms to ensure their accountability that led to erratic responses such as expulsion of INGOs from Sudan, arrest of volunteers in Haiti and fast-track regulatory changes in Sri Lanka.

An analysis of the current milieu also reveals why there is room for alleging lack of transparency. Firstly, there is an absence of internationally accepted instruments or mechanisms to check the credentials of INGOs. This is particularly important because INGOs are increasingly undertaking sensitive functions and roles. The INGOs active in Sudan undertook a range of activities from the least controversial areas such as provision of health care and humanitarian assistance, to the more sensitive areas of promoting human rights. This enables INGOs to interact with people from diverse settings and ability to influence communities in client states. As a result, it is relatively easy to be accused of 'interference' in national politics, cultures or ideologies. On the contrary, this wide range of activities also gives opportunities for unscrupulous INGOs to pursue hidden agendas other than pure altruism, as shown in the example on faith-based NGOs. These agendas could include political, social or commercial objectives (e.g. spreading the ideology of a free market), and aid for profit (2–4).

Secondly, there are almost opaque, secretive and close links between some of the INGOs and their donors. This situation is mainly a result of INGOs' dependency on external funding for their survival and growth. In reality, they negotiate with the donors on utilisation of funds and are accountable to the latter. The details of these negotiations and agreements are rarely made public, and remain unknown to host governments and 'client'

communities where projects are conducted. As a result of this combination of factors, it is reasonable to suspect that some of the work programmes of INGOs are directly or indirectly driven by the agendas of global funding organisations, philanthropists and donors.

As for the alleged lack of accountability of INGOs, the main reason appears to be their ascendancy in power. Over the years, they have gained influence, power and financial resources that often outweigh individual developing states, especially those with weak regulatory structures. It is said that 'a small handful (*of them*), while working in some of the most dangerous and impoverished places on earth, wield enormous influence – setting aid agendas, shaping policy, and changing the way the world does development' (8). A recent example is the renewed emphasis given by large philanthropic groups to control specific diseases such as malaria, HIV/AIDS and tuberculosis, which may have distorted health priorities in developing countries. These initiatives are criticised for promoting a selective form of primary health care and for promoting internal brain drain (from the public sector health system to the NGO sector), thus depleting already under-staffed health systems (9, 10). This power to influence global and national health policies is derived from their large resource base of INGOs and philanthropists (e.g. Bill and Melinda Gates Foundation distributed US\$ 2 billion in grants in 2006) that often exceeds the budgets of smaller nations, and their recognition by institutions such as the UN where some of INGOs have 'independent' observer status in statutory institutions, e.g. Economic, Social and Cultural Council of the UN [ECOSOC] (11). By way of these memberships, some INGOs provide reports on the conduct of nation-states, and these encounters are known to be acrimonious. There is also the possibility of bias in the perspectives of INGOs because of approximately 3,000 of them in the ECOSOC's consultative category, about two-thirds are from North America and Europe, which constitutes less than a fifth of the global population. Despite this obvious asymmetry of power between INGOs and host states, there are no universally accepted guidelines or rules of engagement between host states and INGOs.

What can be done to stem this erosion of trust of INGOs? The author of this article proposes three main strategies and corresponding policy instruments to tackle the issues of relative lack of transparency and accountability, thereby improving the situation from global and national levels. It also delineates a potential role for a UN organisation such as the WHO.

### Strategies to tackle root causes

There are at least three ways to tackle the root causes described in the previous section. These are (1) lack of transparency to be tackled by improving access to information of INGOs (2) weak accountability of INGOs to be countered by, developing a template of fair legal

instruments, rules of engagement, and (3) procedures for the interactions between INGOs and host states.

### Improving access to information

Increasing access to information on INGOs could be achieved by establishing a Global Register of INGOs. The large number of INGOs, estimated in 2,000, to be around 26,000 makes this a truly global task, because a single nation or a grouping cannot keep track of the fast proliferating INGOs (12).

#### A Global Register of INGOs

The idea behind a Global Register is to collate and have accessible information on the INGOs. Relevant information includes, their goals, objectives, relationship to principal donors or faiths, portfolio of work and areas of expertise, previous work and their outcomes, sources of funds, annual summary budget (at local and international level), number of employees, areas of humanitarian assistance, approvals by other host states to provide humanitarian assistance and any situations where they were denied access to a country. The records of previous work should include an outline of the project, summary budgets, clients and donors and complying with time lines. An important aspect is a clear statement of the donors and the basic agreement made with the donors about specific projects. Expenditures should, perhaps, include the proportion spent on the project *per se* in contrast to the administrative costs (that includes consultation fees). The required information will improve transparency of the dealings of INGOs and should be updated at regular intervals. One may have to provide a hyperlink to the respective INGO website to give more elaborate information.

Entry into the Global Registry will require a process of validation. The process used by ECOSOC to award consultative status will provide a template (11). One criterion could be that the INGO be a signatory to an acceptable code of conduct (e.g. the Code of Conduct of the International Red Cross and Red Crescent Movement). Second criterion could be to present supporting documentation from the countries where the INGO is already registered, funding sources and strategies for sustainability. Initially being in the register could be voluntary, and those wishing to work across national borders should be encouraged to be included. The register should be accessible globally via the Internet.

An example of a register in the UN system is the one by ECOSOC that has basic information of 3,187 NGOs that have links with the UN (11). The information in this register is limited to activities of the NGO in relation to the UN. A more informative register is the one maintained by the Charity Commissioner's Office in the UK (13). The Office maintains a register of charities (almost 189,000), their governing documents and accounts (of

those who earn more than 10,000 sterling pounds), all of which are accessible to the public. The register gives specific aspects of each registered charity (e.g. main activities, countries they work in, number of employees and annual turnover of funds, etc.). There are other examples of registers that have been developed to increase transparency and to facilitate access of information such as the clinical trials register of the US government (14). It lists more than 65,000 entries from 161 countries, with information about a trial's purpose, that may participate, locations and phone numbers for more details. Entry to the register requires approval 'by a human subject review board (or equivalent) and conform to the regulations of the appropriate national health authorities'. The registry is a public document and gives information to potential recruits as well as investigators.

Hosting the Register can be contentious, and the process will require dedicated funding and human resources. A UN-based institution such as the WHO or the UNDP or the ECOSOC could establish the register. The WHO that has some expertise in health ethics may be better placed to take the initiative in this endeavour. They could begin by hosting a register of INGOs working in the area of health. This experience could be used to widen scope where other INGOs are also progressively included. Such a mechanism of registering is not alien to the WHO that has a template for certification of institutions such as drug manufactures (15). The Global Register could also improve the quality of INGOs working in host states. In addition to being an authoritative source of information, host states could regulate that INGOs should be in the Register prior to working in the country.

The contents of the Register should also be available as a printed manual that could be used by state officials during negotiations. The Register could also include information in a tabulated form and updated at intervals, may be yearly.

#### A complaints procedure

To improve the process of accountability and transparency, there could be a special official or an ombudsman within the UN to arbitrate on serious conflicts in relation to entries in the Register. This is analogous to the office of the Independent Expert on Human Rights and International Solidarity, established in 2005 under the Human Rights Council. At times of conflict, the ombudsmen could solicit for information from relevant sources, directly observe the functioning of the INGOs by making country visits and evaluate the performance of INGOs using published reports.

Although this is not a foolproof system, a Global Register on the lines described above is a step in the right direction to reduce asymmetry of information and improve transparency of INGOs. This will enhance the credibility and trust on INGOs and facilitate the implementation of their humanitarian agendas.

## Fair legal instruments, codes of conduct and rules of engagement

Most developed countries have regulatory instruments that enable the states to monitor and facilitate the work of the voluntary sector. In contrast, developing countries often have neither sophisticated regulatory instruments nor legislations to facilitate and regulate the voluntary sector. A recent example was the situation that arose after the December 2004 tsunami in Sri Lanka. In the aftermath, there were almost 2,000 new NGOs working on tsunami relief, as a result of an influx of foreign NGOs and newly established local ones. The government had to take several measures to control this chaotic situation (e.g. to require all NGOs to register their activities, in some instances obtain the Defence Ministry clearance, new procedures to grant visas and adoption of procedures to facilitate customs clearance) (7). This lack of clear legislations to meet diverse challenges during humanitarian emergencies leads governments to formulate ill-conceived measures. To meet this challenge and improve accountability of INGOs, a generic template of a fair legal instrument ought to be developed. This will facilitate legitimate work within host countries, and although adding to bureaucracy it will prevent exploitation of its vulnerable citizens. The WHO could draw on its technical expertise to formulate such legal instruments, as has been done in other situations: setting 'ground rules for contracting practices' in the health sector and legislation to control tobacco (15, 16). Ideally, these legislations should be formulated by consensus within the international community, and enable INGOs to be aware of their potential and limitations for work in different countries. An illustrative example is the Charities Act of 2006 in England and Wales that defines the parameters of charity work by stating that 'an essential requirement of all charities is that they operate for the public benefit and independently of government or commercial interests' (13). The Commissioner facilitates the work of the voluntary sector by releasing guidelines on good practice, releasing useful information (e.g. details of relevant legislations) via the Internet and by conducting training programmes. As part of their regulatory role, they review the accounts of charities and pay visits to observe the conduct of the charity organisations.

By their very nature, the voluntary sectors tend to be loosely knit and prefer a considerable degree of autonomy in their work. Thus, self-regulation is probably the most favoured strategy that would help them to harmonise the altruistic intentions with other constraints they experience. Therefore, another strategy is to develop, or improve existing codes to a globally accepted Code of Conduct (10, 17). There are a number of codes such as that of Red Cross, with varying degrees of success and after 10 years of its existence, by 2004 the Red Cross's Code had only 300 signatories (10, 17).

The Code could reiterate some of the aspects of the Global Register, taking into account the conditions stipulated in the generic regulatory template, and the 'rules of engagement' described below. For example, the Code could include a statement that INGOs should provide basic information as regards to their goals, objectives, work plans, funding sources to their client communities and make the agreements with donors accessible to clients and governments. Acceptance of the conditions of the Code could be a prerequisite for entry to the Global Register.

## Procedures for interactions

The third option is to develop clear rules of engagement between INGOs and client states that promote fair procedures (18). These procedures for interactions should be institutionalised within the regulatory frameworks of host countries and in the Codes of Conduct of NGOs. They should be adhered to when INGOs wish to begin work in a host country. This will also increase transparency of transactions and prevent or soften conflicts.

An example of a fair procedural process is outlined below:

1. *Initial public consultation:* This focuses on type of humanitarian assistance required by a nation-state and to establish 'ground rules'. A process of public consultation will enable to identify the broad needs of the communities, and the process could be facilitated by the government or local administration of a country. The 'ground rules' would focus on how to avoid conflicts in some of the areas: criteria to select areas for assistance, mix of services to be provided, fair selection of INGOs to provide assistance, espousing particular political, sociocultural or religious opinions. Other areas that could be discussed include ensuring equity of access to services, sustainability of interventions and evaluation of the performance of the INGOs. This will be a healthy exchange of ideas, and the different stakeholders will be able to know each other more closely. In contrast, the current situation in most countries is for the INGOs to obtain permission from a government department or authority to commence work in the country. The target community for humanitarian assistance is rarely consulted or made aware of the work or the projects of INGOs.
2. *Process of decision making:* Decisions are made on overcoming the contentious issues listed above (and any others). These decisions ought to be based on reasons and principles that are explicitly stated. There should also be an inbuilt method to appeal against any decisions, for example, the appointment of an independent ombudsman who could arbitrate and make a final decision.

3. *Publicity for decisions:* Publicity ought to be given to the decisions via official documents, media releases aimed especially at the client country.
4. *Constant review:* A mechanism is in place in the country's regulatory system and within INGOs to review the policies regularly during the period when it is working and after completion of the project.
5. *Enforcement:* There are mechanisms within the INGOs and the country's regulatory system to ensure that the above conditions are met. For example, INGOs are accountable to their Trustees or Board of Governors, donors and to the client country, if they default on their work plan. Some of the larger projects may even warrant an insurance policy, to cover against sudden unexpected disruption from the agreement.

Some may criticise these procedures as unnecessary and too bureaucratic. However, INGOs, donors and international organisations have clearly laid down extensive procedures for tenders and procurements for projects. If so, there is no reason as to why a similarly extensive document cannot be developed to explicitly state the ground rules for engagement between INGOs and client states. It is also necessary to enhance the capacities of states to negotiate with INGOs about the fair procedures described in the previous section. This objective can be achieved by producing manuals that describe the procedures and by conducting training programmes for state officials and civil society groups. The manuals ought to be available in print form as well as in the web.

## Conclusion

Despite conducting difficult and essential humanitarian tasks, there is a sense of increasing mistrust of INGOs. The author proposes several related strategies and policy instruments that may help to tackle and reverse this situation. If preventive measures are not introduced at a global level, the trust between communities, countries and INGOs will gradually erode. This would eventually compromise the long-term provision of health care, humanitarian assistance, developmental aid and promotion of human rights by INGOs.

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