

The United Nations' Cluster Approach to Coordinating International Emergencies: Leadership and Participation in Haiti's 2010 Cholera Epidemic



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ABSTRACT

This research analyzed the effectiveness of the cluster approach, the United Nations' emergency management mechanism, in the context of Haiti's 2010 cholera epidemic. Through the use of causal inferences methods, the research sought to answer the question of why and how this emergency response was effectively coordinated. The analytical process revealed that the cholera response included active participation from the Haitian government on the national and subnational levels and strong leadership from international organizations within the cluster approach. These two factors, plus very strong participation from the international aid organization *Medicines Sans Frontieres*, generated the effectively coordinated response outcome. These results were also analyzed through the application of the unified theory of causality, a theory that proposes that conclusions from a single case can be applied to a larger context. Interpreted through this theory, the research revealed that active government participation, strong leadership from key international organizations, and active civil society participation are necessary to create an effective outcome in an international emergency. This research concludes with recommendations to the United Nations' future revisions of the protocols of the cluster approach.

Key Words: CIVIL SOCIETY; CLUSTER APPROACH;
COORDINATION; EPIDEMIC; HAITI; INTERNATIONAL AID;
INTERNATIONAL EMERGENCY MANAGEMENT;
PARTICIPATION; QUALITATIVE ANALYSIS; UNITED NATIONS

Acknowledgements: I would like to thank Natasa Liozou for her help and guidance through this research process. I would also like to thank **Dr. Elizabeth Epperly** and **Mr. Teesa Charles**, without whose tireless love and support this paper would not have been completed.



"I am not afraid of chaos
because chaos is the womb of light and life.
What I don't like is the mismanagement of chaos."
-- Frankétienne, father of modern Haitian literature

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INTRODUCTION

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This research analyzes the United Nations (UN)¹ system of emergency management, the cluster approach, using Haiti's 2010 cholera epidemic as the case study. This research will attempt to respond to the question of why and how the UN cluster approach to emergency management was able to coordinate an effective response to the cholera epidemic. The objectives of the research are to identify and analyze the principle factors that influenced its outcome and determine whether they can be applied in other emergencies. The findings of this research are interpreted through a positivist lens and analyzed using causal inference methodologies.

According to reports published by international aid organizations, a main challenge to the future of the cluster approach is that the current structure has not involved sufficient active participation from local and national governmental actors or from members of the civil society of the host country (Streets et al 2010; Binder and Grünewald 2010). Citizens of the country in which the emergency is taking place become essentially excluded from the coordination and response process. This exclusion has, in certain cases, led to notable weakening of host government infrastructure. Haiti has been highlighted as a case where there has been very little government and no civil society participation in the coordination and emergency management process, making governmental infrastructure less effective (Streets et al. 2010). This weakening of the host country government represents a conspicuous breach of the United Nations' nation-building mandate, the stated purpose of which is to support and strengthen the infrastructure of developing countries (Taylor and Curtis 2005). Based on these observations, it has been strongly recommended by the UN and non-governmental organization (NGO) actors that the cluster approach be re-evaluated and re-formed so that local and national governmental actors' participation significantly increases (Streets et al. 2010).

¹ For a complete list of all acronyms used in this research, please refer to Appendix 1 on page 59.

The response to the 2010 cholera epidemic stands in marked contrast to the nature of past cluster coordination efforts in Haiti. The effectiveness of this coordination is especially remarkable considering that the Haitian health care system lacks both the resources and personnel to address the basic medical needs of the population. According to the Failed State Index, the Haitian government provides even fewer public services for its citizens than such famously collapsed states as Zimbabwe or Sudan (*Foreign Policy* 2010). It has the highest doctor to patient ratio in the Americas: there is only one doctor for every four thousand patients. Developed countries such as the United States have one doctor per four hundred patients. (Doctors of the World 2011). The dearth of resources is just as drastic, with one hospital bed for every one thousand people (“Haiti” PAHO 2010). Even with little existing resources and infrastructure, the strategies orchestrated in the cholera response cluster coordination meetings controlled the number of new infections within three months (USAID 2011; interview Lassegue 2011). That the incidences of a disease are significantly lowered and remain low after an emergency response was underway signifies an effective outcome. This outcome may be attributed to effective coordination. Because the figures from the emergency response to cholera in Haiti indicate such results, it can be concluded that the response was effectively coordinated (interview Bruno 2011; interview Canepa 2010).

There were many factors affecting the outcome of the emergency response to the cholera epidemic in Haiti in 2010. These include political unrest, poor transportation infrastructure, and the large number of actors participating in the response. However, there were some variables that influenced the outcome more than others. This research hypothesizes that the cholera response was effectively coordinated because of the active local- and national- level participation from members of the Haitian national and local governments in UN cluster coordination meetings. The most active government agencies were the *Ministere de la Sante Publique et de la Population* (MSPP) (the Ministry of Health) and the *Direction National de l'Eau Potable et de l'Assainissement* (DINEPA)²

² All Haitian governmental agencies and organizations will be referred to by their official French or Creole names and corresponding acronyms.

(the National Water and Sanitation Board) who participated through the Health and Water and Sanitation Clusters, respectively.

The multi-level, active government participation has been fundamental to the effectiveness of the cholera response because of the fragmented nature of governmental infrastructure in weakened or collapsed states like Haiti. In such states, there is often no clear delegation of duties or flow of communication from the national to the local level (*Foreign Policy* 2010), meaning that information obtained from one level of the government often is not conveyed to other levels. The primary mandate of the cluster meetings is to coordinate the UN agencies, NGOs, host government officials, and civil society representatives in order to plan and streamline national and local emergency management strategies (Streets et al 2010). Since no guidelines are provided as to the type and level of government representatives that should be included in this process, it is understood that representatives present at each meeting should then return to their respective government office and seek to implement the strategies discussed in the meeting. Though government participation was secured, this emergency demonstrated no participation from the civil society. If included, the civil society is charged with raising the awareness of the population at large and fomenting interest in the response strategies that are being implemented.

These prescribed tasks, coupled with the disjointed infrastructure of the Haitian government, necessitate the participation of multiple levels of the Haitian government. In order to accomplish streamlined coordination to the highest degree of effectiveness and sustainability, the UN should involve both the Haitian government members capable of mandating the implementation of these strategies, such as high-level national government representatives, and must also involve lower-ranking departmental³ and municipal-level employees. Ideally a response would also include the civil society. The national government is responsible for establishing policy and legal changes on a national scale; the departmental and municipal representatives oversee the implementation of policies;

³ The Republic of Haiti is divided into ten departments, or provincial regions, at the subnational level. For a map showing all departments and major cities, refer to Appendix II on page 60.