

# The Competency of Competencies

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Humanitarian assistance, a very visible part of our investment in improving health and well-being of people is increasingly under scrutiny. Questions remain about the variability in the quality of response, preparation, coordination, timeliness of services, accountability, and impact of assistance provided before, during, and after emergencies, including the most recent floods in Pakistan and Jammu-Kashmir, the earthquake in Haiti, as well as domestic emergencies including Hurricane Katrina and the health effects of the Gulf Oil spill. Dr. Burkle, humanitarian assistance expert and world leader, summed up the situation stating, "Those who define themselves as humanitarian professionals have doubled from a decade ago to almost 200,000 today. They are eager and well traveled. But like us all, they do not know what they don't know. Much of the education and training remains outdated. The humanitarian community, policy wonks, and the military have entered the 21st century unprepared to protect the urban public health or handle emergencies of scarcity."<sup>1</sup>

Many aspects of emergency work are unique in humanitarian settings and require specific core competencies. To date, there is no agreement about what constitutes the domains or specific core competencies for response and preparedness or when assisting refugees and displaced people. A recent "Competency Summit" in Washington, DC, brought together more than 50 experts from a variety of US-based agencies and organizations as well as several people representing global core competency initiatives to try to harmonize the approaches being simultaneously pursued.<sup>2</sup>

By adopting a competency yardstick or articulating core competencies, we would pick up the pace of progress along the road of evidenced-based approaches to humanitarian assistance. Daily, Padjen, and Birnbaum<sup>3</sup> have aptly described the current state of confusion when trying to review and evaluate the proposed domains and professional sectoral references to competencies of the healthcare workforce, with a particular emphasis on nursing, but encompassing other health professionals, first responders, relief responders, leaders as well as frontline and entry-level personnel. The analysis was conducted by members of the Nursing Section of the World Association for Disaster and Emergency Medicine (WADEM) to determine commonalities and universal applicability for disaster preparedness. The authors put forth definitions of competence (referring to a person's overall capacity) and competencies (defined by the US Department of Education as, "a combination of skills, abilities, and knowledge needed to perform a specific task. Usually, the term implies some operational, measurable skill"). The lack of agreement on terminology makes comparisons of core competency sets impossible. This study provides a lens into the complexity of the topic, as well as suggestions for a way forward.

Efforts to improve the quality and accountability of humanitarian response have resulted in the development of standards and guidelines for organizations and professional groups. Examples of global initiatives include the development and adoption of Sphere/Médecins Sans Frontières standards,<sup>4</sup> as well as the People in Aid,<sup>5</sup> Active Learning Network for Accountability

and Performance in Humanitarian Action,<sup>6</sup> and Humanitarian Accountability Program<sup>7</sup> initiatives. There are a plethora of core competency articulation efforts in the USA, particularly since the 11 September 2001 World Trade Center disaster and the subsequent legislation calling for the development of curricula and training centers to improve disaster preparedness and management. There has been a call for a new interdisciplinary field of “Disaster Medicine and Public Health Preparedness.”<sup>8</sup> The Association of Schools of Public Health (ASPH) has led a project entitled, “Public Health Preparedness & Response Core Competency Development” which is in final stages of development while another effort to identify a similar set of core competencies for Global Health is being undertaken.<sup>9</sup> Other efforts parallel those within the US, but involving the South (Latin America, Asia, Africa) and the North (Europe, Canada, etc.) are bringing together players from around the world, while emphasizing the desire to articulate the knowledge, behaviors, skills, and experiences that should be common to all individuals participating in humanitarian efforts. Generally, training programs, developed by specific organizations or professional licensure or degrees, are used as surrogates for assessing the adequacy of preparation for various settings, including emergencies. The recently released report on “Professionalising Humanitarian Assistance: A Scoping Study”<sup>10</sup> emphasized the need to focus on the individual worker, rather than the organizations employing these responders. Next steps include the formation of a new association of these individuals with a

certification process established with training institutions and organizations that use a set of core competencies as the basis for the accreditation process.<sup>11</sup>

The new Global Health Initiative (GHI) announced by the Obama administration places the US on a path paved by stones crafted from evidence of effectiveness that leads the way to policy decisions to improve health of the world's most needy citizens.<sup>12</sup> In a review of the new GHI, Bendavid states,<sup>13</sup> “Numerous studies have failed to link foreign assistance with comprehensive economic development: in fact, in some accounts, countries that received the most aid have seen the least growth. This history highlights the need to evaluate aid programs more rigorously, especially in a political climate that stresses accountability for an effect with taxpayers' dollars....The opportunity to inform future policy with experimental evidence can make the GHI a pillar of action as well as learning.”

The authors of the “Review of Competencies” article contained in this volume (*ibid*) conclude that, “Despite the fact that many of the competency sets have been endorsed by various governmental and professional organizations and societies, universal acceptance and application of these competencies are lacking. Thus far, none of the reviewed competencies have been validated, nor is there any evidence to indicate that any one of the published sets of competencies is better or more useful than another.” Clearly the competency of competencies must be examined and the efforts harmonized if we are to turn the current cacophony into a well-orchestrated chorus.

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