Efforts to understand famine, war, and natural disasters have prompted analyses of many prolonged and seemingly intractable crises. No longer referred to merely as civil wars, situations of chronic conflict and violent political instability have been called complex emergencies, chronic emergencies, and complex political emergencies. The UN and other multilateral organisations are engaged in many, but not all (eg, Burma and Algeria), of these emergencies (panel).

Complex emergencies involve an intricate web of political, economic, military, and social forces engaged in violence. These emergencies frequently occur in conjunction with and are compounded by public health threats, natural disasters (eg, droughts in Afghanistan, Ethiopia, and southern Africa), environmental issues (eg, global warming and desertification), and sociopolitical processes (eg, globalisation and marginalisation). The term emerging political complexes has been used to describe the systems underlying both the violence and durability of complex emergencies. The UN and other multilateral organisations are engaged in many, but not all (eg, Burma and Algeria), of these emergencies (panel).

Emerging political complexes involve an intricate web of political, economic, military, and social forces engaged in violence. These emergencies frequently occur in conjunction with and are compounded by public health threats, natural disasters (eg, droughts in Afghanistan, Ethiopia, and southern Africa), environmental issues (eg, global warming and desertification), and sociopolitical processes (eg, globalisation and marginalisation). The term emerging political complexes has been used to describe the systems underlying both the violence and durability of complex emergencies. This term describes the new forms of state or non-state networks that create alternative systems of profit, power, and protection, use systems of globalised trade to obtain the necessary inputs via shadow and parallel economies, and provide defence and administrative functions with little bureaucracy. Emerging political complexes are based on systems of inequality and exploitation and can be thought of as remarkably violent but rational responses to globalisation.

Emerging political complexes are highly evolved, and link local, national, regional, and international organisations. These complexes form the foundations for war economies controlled by criminalised networks and fuelled by the illicit extraction of and trade in resources ranging from cattle to timber to sexual slaves. Importantly, these illicit economies are closely linked to legitimate economies and thus are appropriately referred to as parallel or shadow economies. Oil from Angola’s battlefields has ended up in American cars, while, for many years, Sierra Leone’s diamonds found their way onto brides’ fingers throughout the developed world. Involvement in these parallel economies is often central to the survival of many individuals and groups within conflict-affected societies, and provides people with access to livelihoods that they would otherwise be denied. In view of the strength and adaptability of these systems, whether these economies can be made less
reliant on exploitation and violence, or whether resources controlled by powerful elites can be instead used for the public good, including strengthening the provision of public health services, is questionable.

**Violence, civilians, and complex emergencies**

Violence in complex emergencies is targeted overwhelmingly at civilians, their livelihood systems, and social networks. Although much of the violence seems random and arbitrary, research by anthropologists, economists, social psychologists, and political scientists shows that violence can be both functional—ie, violence is useful for those controlling it, and specific—ie, violence can support economic, political, and social causes (table 1).21–23 Attacks on civilians often lead to widespread impoverishment, but poverty is not the only source of vulnerability in complex emergencies. Powerlessness might be a more accurate concept than poverty to explain vulnerability.24 Indeed, the wealth of some countries leads them into conflict. Countries with a high dependence upon primary commodity exports (eg, oil in Sudan, diamonds in Angola and Sierra Leone, and timber in Liberia) are more prone to civil wars than countries with more diversified economies.25

In complex emergencies, specific individuals or groups might be targeted because of their wealth, power, position, ethnicity, sex, education, or age.21,22,23 Human rights violations and the destruction of economic and public institutions combine to create almost permanent states of insecurity in which the wealth and power of some people is generated at the cost of many people.26 The durability of these systems of exploitation have led some observers to note that complex emergencies are characterised by the absence of distinctions between war, peace, and crime.25 The consequences of conflict, war, and systems of organised and violent predation are determined by sex and have serious repercussions for different elements of the population. The participation of men, women, boys, and girls in these violent processes is varied, ranging from roles including outright victim to perpetrator with frequent blurring of identities. The changing nature of wars nowadays challenges traditional conceptions of the (feminised) innocent civilian (eg, women and children first or women as peacemakers), and the identifiable (masculine) military force (eg, the guys with the guns).26,27

Men, boys, women, and girls face new roles and responsibilities in response to the risks and vulnerabilities of war.27 Radical changes in demographics result when men and boys are killed, migrate for wage labour, or are forced to flee or go into hiding by conscription and attacks. Providers and caregivers (most of whom are women) find that their workloads increase in an atmosphere of deteriorating government-managed public services—for example, health, education, transportation and communication, water and sanitation, etc.28 Under the Taliban in Afghanistan, households managed clandestine schools for girls, while decades of civil war in southern Sudan has resulted in reduced access to publicly managed health services.

**Evolution of humanitarian response to complex emergencies**

A complex network of humanitarians is working to protect and serve populations affected by disasters, including complex emergencies. As these workers face a heightened risk of militarisation (as seen in interventions in Afghanistan and Iraq), their activities must be distinguished from the military, political, and economic groups that respond to complex emergencies.22 A selection of major complex emergencies (even if they were not called that at the time) that occurred during the Cold War reveals that a series of key lessons and pitfalls was associated with each crisis (table 2). The response of humanitarian workers to complex emergencies has been thoroughly investigated by academics29–31 and in the popular press.27,32 These critiques reveal that complex emergencies present significant challenges to aid workers who should now more fully understand the political, military, and economic dimensions of modern crises.1 During the

<table>
<thead>
<tr>
<th>Function/specificity</th>
<th>Example</th>
</tr>
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<tbody>
<tr>
<td>Gender violence (castrating men, mutilating women and young girls)</td>
<td>Attacks on women as attacks on the nationality/the mother nation; ethnic cleansing; emasculating male pride/strength</td>
</tr>
<tr>
<td>Assassination, car bombing</td>
<td>Attacks on humanitarians as attacks on US-led military-coalitions</td>
</tr>
<tr>
<td>Massacres, mutilation, mass rape, genocide</td>
<td>Terrorise, weaken political opposition, depopulate, ethnic cleansing</td>
</tr>
<tr>
<td>Forced displacement, impoverishment, asset stripping</td>
<td>Economic benefit to raiders, disempower, weaken political opposition</td>
</tr>
<tr>
<td>Child soldiers, forcing children to kill</td>
<td>Terrorise, increase fighting forces, destabilise communities</td>
</tr>
<tr>
<td>Rumour, random disappearances</td>
<td>Destroy social fabric of trust, undermine opposition</td>
</tr>
<tr>
<td>Trafficking, sexual slavery</td>
<td>Economic, terrorist communities</td>
</tr>
</tbody>
</table>

Table 1: Violence in complex humanitarian emergencies
Cold War, emergency responses to conflict-related suffering were implemented by “NGOs operating within a framework imposed by overarching geo-politics, strong states and weak UN institutions”. The sovereignty of states affected the type of humanitarian action that could be offered. Under such conditions, humanitarian organisations were mostly niche organisations providing short-term relief assistance.

With its groundings in humanitarian principles, the signing of Operation Lifeline Sudan in March, 1989, marked the beginning of a transformation of the international emergency response system’s approach to work in violent settings from basic disaster relief to humanitarian assistance. This form of assistance is based on the norms and standards codified in international humanitarian law and human rights, while the disaster relief approach left political issues relating to rights, protection, and access to the international community of states and the International Committee of the Red Cross. The Operation Lifeline Sudan approach spread from Sudan to other complex emergencies where similar agreements of negotiated access, sometimes called zones of peace or days of tranquillity by UNICEF, were later attempted in Angola, Democratic Republic of Congo, and Sri Lanka to facilitate, for example, mass immunisation programmes or access to local commodity markets. These are early examples of what we call humanitarian governance—ie, the use of humanitarian and human rights instruments to govern the behaviour of state and non-state organisations in conflict zones.

Humanitarian intervention after the Cold War resulted in a series of new challenges and innovations (table 3). As the Cold War came to a close, there was heightened political support for the concept of humanitarian governance—ie, a broad political and military commitment to using international laws, norms, and organisations to facilitate protection and assistance for affected populations in complex emergencies. The international diplomatic community seemed mobilised to address widespread humanitarian crises such as the one facing Somalia in the early 1990s. The creation of safe havens for the Kurdish population in Iraq in 1991 seemed to signal a new willingness to
intervene to protect basic human rights. In 1992, UN Secretary-General Boutros Boutros Ghali outlined An Agenda for Peace based on a vision of targeting conflict, poverty, and other worldwide troubles. The UN formed the Department of Humanitarian Affairs in 1992 to promote greater coordination in UN agencies responding to these emergencies. Non-governmental organisations also made initial steps towards the establishment of a universal code of conduct and of professional minimum standards for relief interventions.

The relations between aid workers and foreign militaries (in Somalia, Haiti, Kosovo, and Afghanistan, for example) have been characterised by both conflict and cooperation. In many high profile crises in the early 1990s, aid workers could expect support from the diplomatic and military communities. By the time of the Rwandan genocide in 1994, humanitarian assistance had become the primary—and sometimes only—involve from developed countries in complex emergencies, particularly in parts of Africa. This moment marked the beginning of the end of the short-lived worldwide commitment to humanitarian governance. Meanwhile, the number of crises led analysts such as Mark Bradbury to coin the phrase an "accommodation of suffering" to describe the growing tolerance of ever-increasing rates of malnutrition, morbidity, and mortality before humanitarian organisations, donors, and developed countries would provide aid. Some analysts focused on the unintended negative externalities or results generated by disaster relief operations, including the potential for aid to prolong wars through providing sustenance to warring factors and by facilitating the elimination of state responsibilities for social welfare functions.

Based on this analysis, the humanitarian community was encouraged by Mary Anderson to adopt the medical practitioners’ Hippocratic Oath of do no harm as a principle of engagement. When armed groups and those who participated in the Rwandan genocide used the refugee camps in Goma as a place to launch further attacks, the aid community was confronted with the complexities arising from the fact that both the perpetrators and the victims of these new wars were civilians, and the perpetrators’ ability to move between the roles of civilians and combatants.

Despite the complexity of the working environment, the expectations for emergency assistance grew after the Cold War partly because of the combined trends of reduced non-humanitarian engagement in complex emergencies and a growing concern over the potentially negative ramifications of humanitarian assistance. The humanitarian objective of saving lives and reducing suffering was challenged as inadequate; increasingly, short-term aid provided during conflicts was seen as an opportunity to promote human rights standards including sex equity, to lay the foundations for development, to further the cause of conflict resolution, and to contain crises. This expanded agenda was broadly subsumed under the idea of the “relief to development continuum” (and the related concept of linking relief and development) that was based on models of emergency relief in natural disasters.

<table>
<thead>
<tr>
<th>Select issues</th>
<th>Examples of innovations/lessons learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq, 1991</td>
<td>Urbanised refugees ill equipped to cope with winter conditions. Suddin Aga Khan appointed by UN Secretary General to coordinate humanitarian operations in Iraq, Kuwait, and border areas. US military created Civil-Military Coordination Centers. Safe haven in northern Iraq created for Kurds.</td>
</tr>
<tr>
<td>The former Yugoslavia, Rwanda (1994), and Bosnia</td>
<td>Relief as the primary form of political engagement by the west with many countries. Managing multi-mandate operations. Rape as war crime. Ethnic vulnerability.</td>
</tr>
<tr>
<td>Angola and Liberia</td>
<td>Diamonds, oil and war economies, failed peacekeeping, failure of relief-development linkages. Political and humanitarian coordination functions separated.</td>
</tr>
</tbody>
</table>

Table 3: Post-Cold War humanitarian assistance
new scope of activities (eg, conflict resolution, development, capacity building, etc) was accompanied by marked increases in the willingness of formerly independent non-governmental organisations to apply for and implement grant programmes funded by donors from developed countries.

The idea of a smooth, linear transition from conflict to rehabilitation to development has been discussed by academics and practitioners who found it insufficiently robust for situations characterised by violent, protracted conflict. At the same time, concern was expressed that this so-called regime integration had led to a loss of specialisation in relief organisations and to fewer resources available to meet the fundamental humanitarian imperative of saving lives and reducing suffering. Health care systems and humanitarian health care practitioners are increasingly having to deal with this situation. The challenges for humanitarian health specialists are diverse, and include delivery of emergency health care, assessment of health conditions in vulnerable populations, and assistance in reestablishing national health care systems.

**Health, protection, and complex emergencies**

The 1949 Fourth Geneva Convention describes the actions that warring parties have to take to protect civilian populations from the effects of war. Warring parties must grant medical personnel, and everyone involved in providing medical care, full and complete protection from interference or harm. This neutral status for medical relief (and, by extension, all humanitarian aid) is based on the assumption that people who deliver this relief will behave in accord with the highest standards of their professional ethics and will take some specified steps to maintain a non-partisan and neutral view towards the warring parties.

This set of principles is based on the fundamental assumption that the world’s military forces will find it in their collective interests to maintain a distinction between the military and civilians during war. This rational view of military interests and behaviour has been challenged in the years since World War II. The bombardments of London, Rotterdam, Dresden, Hamburg, Hiroshima, and Nagasaki were precursors of military tactics aimed at attacking civilians to obtain significant military advantage from the destruction, terror, flight, and chaos that these attacks produced. In the years since the end of World War II, most war casualties have been civilian. Deliberate war against civilians, waged by untrained forces using light arms, has evolved. Civilian populations and the civilian infrastructure have acquired a strategic importance in the conduct of hostilities for various reasons. The international community has been compelled to reconsider its approach towards the protection of civilians. Under international law, civilians in situations of armed conflict have a right to international protection and assistance when these have not been made available by their national authorities. When states are unable or unwilling to meet their obligations towards civilians in conflict situations, the international community should ensure that they receive the assistance and protection they need to safeguard their lives.

New strategies are being developed to expand the concept of humanitarian protection. Many human rights and humanitarian organisations have developed their advocacy and protection-related activities using five distinct strategies: early warning, specification of behavioural standards, mobilising international action, expanding capacity in conflict monitoring, and developing rights-based strategies for mitigation and prevention of human rights abuses. At the same time, violations of international standards regarding provision of humanitarian assistance and treatment of captive fighters by US-led and UK-led forces in countries such as Afghanistan and Iraq is deeply troubling.

Complex emergencies have a series of direct and indirect effects on health and health systems (table 4). The principal resources provided by the external world are within the domain of public health (food, water, shelter, vaccination, basic primary health care). The continuing needs are for security, environmental restoration (including de-mining), building or rebuilding physical infrastructure (roads, bridges, schools, clinics), and development of institutions and human capacities. These needs can also be understood and approached within the broad context of public health, since the manifestations of this pervasive social collapse are very high rates of death and morbidity from many causes, including the related endemic and epidemic diseases of malaria, tuberculosis, and HIV/AIDS, but also from widespread nutritional deficiencies, diarrhoeal and respiratory illnesses, measles, war-related violence, and maternal deaths.

Complex emergencies are associated with crises in governments and in systems of governance, and with violence against civilian populations. Of particular relevance to health practitioners is the crumbling infrastructure of health service networks from Sudan to Afghanistan. The diffusion of state functions that were once the sole responsibility of governments is only one result of the struggle for power, wealth, and authority in an increasingly competitive world underpinned by
processes such as globalisation and marginalisation that, like complex emergencies, actively produce so-called winners and losers.\textsuperscript{[4,8]}

Like natural disasters, complex emergencies damage health and other social services, market networks, and agriculture enterprises, while simultaneously increasing demands for the essential services these systems provide. Unlike natural disasters, however, complex emergencies involve both the random and, more significantly, the deliberate creation of crises that result in further destruction of fragile health, education, welfare, political, economic, and environmental systems.\textsuperscript{[9]}

These dynamics make complex emergencies fundamentally more devastating in human terms than natural disasters, particularly in select regions of the world, such as parts of Africa. Additionally, people engaged in waging wars against civilians have sometimes denied these people access to essential humanitarian relief, including access to health services. This denial of access characterised many wars, including those in Sudan, Mozambique, Afghanistan, Palestine, Chechnya, and Angola. These people defend their actions by appealing to the principle of national sovereignty in matters they believe are within their domestic jurisdiction. Within their national boundaries, these warring parties block relief convoys, obstruct ambulance passage, invade hospitals, destroy clinics, and harass and terrorise national and international medical and other humanitarian relief workers, creating conditions that threaten or inflict grave harm on those who are obliged by professional and international legal norms to provide aid to civilians in need.

In many of the poorest countries, conventional assumptions regarding the institutional basis on which public health relies have been challenged by the breakdown of ministries of health and their counterparts at district level. With this breakdown, there has been a tendency for international and often private providers to become increasingly important service providers. These internal and external organisations (e.g., civil society organisations, UN agencies, donors, non-governmental organisations, or international organisations) have been criticised for recurrent difficulties with weak coordination and for the use of uneven skills, resources, mandates, and accountability to govern the provision of essential public health and other life-saving functions in times of conflict and violent political instability.\textsuperscript{[6,8–11]}

Although the involvement of such organisations for service delivery might be desirable, the question of which agency is then ultimately responsible remains.

This shift in responsibility and competence from state governments to local, national, regional, and worldwide governance networks that characterises the post-Cold War era is a great challenge to the effective delivery of health services in complex emergencies. The drawbacks of ineffective governance that characterise complex emergencies emphasise the inability and unwillingness or both of states to uphold their obligation to protect civilians in armed conflict, and of non-state organisations to fulfill these obligations instead. It is necessary to develop new mechanisms for ensuring a worldwide commitment to the protection of the rights of civilians in conflict, or what we have termed humanitarian governance, a vigorous expansion of state’s obligations for international law-based protection and assistance to the entire network of organisations engaged in worldwide governance.

Although such a commitment is needed to focus renewed attention on the principle of protection, it does not address the ethical and practical dilemma of the most effective forms of intervention to prevent violence. The issue of humanitarian views on the use of force to prevent violence force seemed to disappear after the killing of 18 US marines in Somalia in 1993; nowadays, the logic of violent intervention by foreign states seems driven by national security concerns, especially by the US reaction to the attacks on New York and Washington in Sept 11, 2001. It can be argued that terrorist concerns are replacing humanitarian concerns in the networks of worldwide governance. Although legitimate, these concerns around terrorism and the protection of US homeland security should not be allowed to undermine the vast array of instruments and regimes that have been developed to protect both civilians and soldiers in times of conflict.

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