



# Principles for Ethical Humanitarian Innovation

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Occasional Policy Paper

**Draft Principles based on joint HIP-WHS Oxford Workshop**



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## **Note on the Principles**

These principles were drafted based on an initial World Humanitarian Summit workshop convened at the University of Oxford on 27 April 2015 by the Humanitarian Innovation Project based at the Refugee Studies Centre. The workshop included the participation of ICRC, UNHCR, UNICEF, OCHA, the World Humanitarian Summit secretariat, DFID, Save the Children, the Humanitarian Innovation Fund, the Harvard Humanitarian Initiative, as well as a range of academics with expertise in areas such as medical ethics, business ethics, humanitarian ethics, innovation management, and humanitarian practice. Funding support for the workshop was provided by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) & the University of Oxford's ESRC Impact Acceleration Account and Higher Education Innovation Fund (HEIF).

## **Preamble**

Innovation can be defined as a process of improvement and adaptation to context, involving a number of stages: problem specification; solution identification; piloting and testing and adapting; scaling where appropriate.<sup>1</sup>

Innovation has a potentially positive and transformative role to play in humanitarianism. It can enable humanitarian actors to do better with less, saving more lives and improving dignity.

Each stage of the humanitarian innovation process involves a range of ethical questions and potential dilemmas. Of primary concern are the vulnerable populations and affected communities who are the focus of humanitarian work, and the power imbalances inherent within this provider/recipient relationship.

As humanitarian innovation introduces new actors, increasingly complex products and processes, and experimentation to the sector it is crucial that it is governed by ethical. This is necessary both to guide everyday decision-making and to avoid serious harm.

Until, there have been no authoritative principles relating to ethical humanitarian innovation. Existing 'principles' (e.g. UN Innovation Network Principles for Innovation in Humanitarian and Disaster Response) in the area relate more to innovation management than to ethics.

This document outlines a set of 'high level' principles for ethical practice by all actors involved in humanitarian innovation. The principles are intended to guide the subsequent development of operational guidelines for particular actors or sectors.

The principles have been drafted with reference to a range of analogous practice in other areas, in particular medical ethics, in which principles have emerged and evolved over a significant period of time.

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<sup>1</sup> Alexander Betts and Louise Bloom (2014), *Humanitarian Innovation: The State of the Art* (OCHA: New York).

Principles are understood to be a statement of values, with the purpose of helping to guide actors through moral dilemmas. As with all principles they require application and interpretation in relation to practice.

It is intended that these principles will evolve and be refined over time, based on iteration and feedback through debate and field-based practice.

As with other principles and codes of conduct, it is envisaged that a complementary governance structure (e.g. ethical review boards) might emerge over time to support authoritative interpretation.

## **The Principles**

### **Principle 1 (“Humanitarian Purpose”): Humanitarian Innovation has a humanitarian purpose.**

Humanitarian innovation must be consistent with the humanitarian principles (humanity, impartiality, neutrality, and independence), and the dignity principle. It should be possible for all members of a crisis affected community to benefit from innovation without discriminatory barriers to use.

### **Principle 2 (“Primary Relationship”): The primary relationship of concern for humanitarian innovation must be the provider/recipient relationship.**

This primary relationship necessitates both the identification and avoidance of any conflicts of interest as well as the invalidity of any considerations of third party beneficence that would compromise the primary loyalty to recipient populations in any way.

### **Principle 3 (“Autonomy”): All humanitarian innovation must be conducted with the aim of promoting the rights, dignity and capabilities of the recipient population.**

Innovation must be based on representative consultation and informed consent. Innovation should be user-driven and based on participatory methods that are sensitive to within-community power dynamics, culture, and language.

### **Principle 4 (“Maleficence”): Innovation must be based on a ‘do no harm’ principle.**

Under no circumstances should humanitarian innovation lead to intentional harm. Risk analysis and mitigation must be used to prevent unintentional harm, including from primary and secondary effects relating to privacy and data security, impacts on local economies, and inter-communal relationships.

### **Principle 5 (“Experimentation”): Experimentation, piloting and trials must be undertaken in conformity with internationally recognized ethical standards.**

All innovation activities must be conducted in full conformity with the Declaration of Helsinki of 1964 and the Nuremburg Code of 1947. It must be based on full institutional review board (IRB) assessments.

**Principle 6 (“Justice”): Equity and fairness should underpin the distribution of benefits, costs, and risks resulting from innovation.**

Projects should take into consideration and address the distributive consequences of innovation. Innovation should be sensitive to, and useful for, the most marginalized populations, including sensitivity to age, gender, and disability.

**Principle 7 (“Accountability”): Engagement in humanitarian innovation constitutes an obligation to ensure accountability to recipient populations, including establishing process for complaint and recourse relating to unforeseen consequences and maleficence.**

Humanitarian innovation should take account of the wider effects on the humanitarian system, including on the effectiveness, legitimacy and reputation of the humanitarian system. All aspects of humanitarian innovation should be subject to evaluation and monitoring, including an assessment of primary and secondary impacts of the innovation process. Ethical review and risk analysis should be undertaken prior embarking on humanitarian innovation projects, and should incorporate external or third party experts where appropriate.

## **Background Notes on Principles for Ethical Humanitarian Innovation**

Humanitarian innovation has the potential to improve humanitarian practice by introducing new and better ways to respond to emerging challenges. However, it also gives rise to a range of ethical questions and potential dilemmas.

Innovation can be defined as a process of improvement and adaptation to context, involving a number of stages: problem specification; solution identification; piloting and testing and adapting; scaling where appropriate. Given that humanitarianism inherently involves working with vulnerable populations, ethical challenges are likely to occur at each of these stages. These may arise from a number of sources including:

- The introduction of new products and processes, including complex technologies;
- The entry of non-humanitarian actors including business and the military;
- The role of research and experimentation within innovation;
- The challenges of representation and participation that come from working with and making decisions on behalf of communities;
- The question of intellectual property and equitable sharing in the benefits of innovation.

One of our guiding assumptions is that humanitarian innovation entails a fundamentally different set of ethical dilemmas from humanitarianism, and hence requires a distinct set of principles. In part the distinction comes because humanitarian principles are intended to regulate a response to a population. In contrast, because of the way in which humanitarian innovation generally regulates a relationship to individuals, it requires a distinct set of principles.

### **Starting Assumptions**

Despite these challenges, there are currently no authoritative guidelines on ethical humanitarian innovation. Existing guidelines including the UN Innovation Network Principles for Innovation in Humanitarian and Disaster Response focus mainly on innovation management rather than the ethics of innovation.

Principles are propositions that govern a system of belief or behavior. They serve as “guides to being and doing”. They may be absolute, obligatory, or aspirational.<sup>2</sup>

In developing principles for ethical humanitarian innovation, a number of choices needed to be made at the outset:

- The aim of the principles is to prevent serious harm, to individuals, communities, and the reputation of humanitarian action;

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<sup>2</sup> Hugo Slim, *Humanitarian Ethics: A Guide to the Morality of Aid in War and Disaster* (Hurst: London), pp. 40-42.

- The principles are intended to provide a broad high-level statement that can inform the development operational guidelines for particular organizations;
- The principles are intended to evolve organically over time, and to be informed by two main sources: i) practice; ii) ethical reasoning;
- The principles are intended to be applied, balanced, and interpreted. They will not resolve all ethical dilemmas and they may even clash in practice but they can serve as a guide for ethical decision-making within a specific context;
- The principles should not unduly restrict or impede effective innovation management but should provide a means to make it compatible with ethics.

### Drawing upon Medical Ethics

In developing principles and codes of conduct there are other policy fields from which it is possible to draw inspiration and insight. Most notably, medical ethics offers a useful starting point that has informed the development of many other sets of principles and codes of conduct in public life.

Medical ethics is a system of moral principles applied to the values and judgements within the practice of medicine. The principles of medical ethics can be traced back to the principles on of the Hippocratic oath. These principles are applied throughout medical practice and also permeate medical research principles, including use and implementation of innovations. The Hippocratic oath serves as a ‘top-level’ set of principles that have been applied and interpreted for practice over time.

The Hippocratic oath is relationship based, in contrast to existing humanitarian principles, which are monitored against the heuristic of the Geneva conventions. It relates to populations rather than individuals. This opens up the question of whether humanitarian innovation is a sufficiently distinct realm of ethics as to require the specification of a relationship. However, there is a strong argument to say that innovation is distinctly different from other aspects of humanitarianism because of the way it implicates individuals, hence requiring it to be thought about ethically in terms of a relationship rather than a heuristic.

The core principles of medical ethics are:

1. Respect for autonomy: respecting decision making capacities to make informed choices
2. Beneficence: balancing the benefits of treatment against risks and costs
3. Non-maleficence: avoiding the causation of harm
4. Justice: distributing benefits, risks, costs fairly

There is a significant amount of existing work on each of these areas that explains many of the challenges involved in each.

For example, “autonomy” is generally defined as self-governance rather than just a freedom from interference. It implies the use of informed consent wherever possible

and within medical ethics leads to consideration of the capacity to consent and the circumstances under which “best interests” decision-making may be needed.

What is “beneficence” in the specific primary role? In the case of medical ethics it relates to health as a value, defined by the WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

“Harm” meanwhile is often interpreted based on Mill’s harm principle (in “On Liberty”): “The only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.”

“Justice” relates to a fair distribution of costs, benefits, and risks.

These basic principles offer a useful starting point for thinking about ethical humanitarian innovation. Translating across to the humanitarian context, developing principles implies the following:

- Clearly specifying a duty/loyalty primary relationship;
- Making the care of the specified beneficiary the main concern;
- Setting out standards to ensure the core standards of respect for autonomy, beneficence, non-maleficence, and justice are met within the primary relationship.

### Learning from Research Ethics

In addition to medical ethics, another important source of guidance for developing principles for ethical humanitarian innovation relates to research ethics. The Declaration of Helsinki is a set of ethical principles regarding human experimentation developed in 1964 which is the cornerstone of human research ethics. This built upon the Nuremburg Code of 1947, which had previously agreed that violations of rights within research could not be justified by benefit for the population as a whole.

### The Humanitarian Context

To be regarded as “humanitarian innovation”, innovation must have a humanitarian purpose. Indeed this is its inherent purpose.<sup>3</sup> This means it must be undertaken in accordance with humanitarian principles. These include the main humanitarian principles of 1) independence 2) neutrality, 3) humanity, and 4) impartiality, and the principle of dignity set out in the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

### Complementary Institutions

All sets of principles, including within medical ethics, also require the subsequent development of both 1) operational guidelines; 2) a governance framework to ensure

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<sup>3</sup> Hugo Slim, *Humanitarian Ethics: A Guide to The Morality of Aid in War and Disaster* (Hurst: London), p. 44.



authoritative interpretation, implementation, and compliance. These are not developed here.

### **Commentary on the Principles**

The principles logically work from the analogy of medical ethics set out above in order to set out the primary relationship, and to address the issues of autonomy, beneficence, non-maleficence, and justice.

In the debates at the workshop, a number of issues arose that shaped the drafting of the principles.

### **Principle 1: Humanitarian Innovation must be consistent with the humanitarian principles and the dignity principle.**

One key outcome from the workshop discussion was that humanitarian innovation must be consistent with and derived from the basic humanitarian principles. Principles for humanitarian innovation are about applying basic humanitarian principles to context of innovation in humanitarianism. One possible issue is that humanitarian principles are intended to apply only to humanitarian actors (although all parties are invited to adapt the principles), whereas these high-level principles for humanitarian innovation are intended to apply to any actor engaging in humanitarian innovation.

### **Principle 2: The ‘primary relationship’ for humanitarian innovation is the provider/recipient relationship. Necessity of considering conflicts of interest and third party beneficence.**

Drawing upon the concept of ‘primary relationship’ from the medical ethics code, the primary relationship for humanitarian innovation was identified as the ‘provider/recipient’ relationship. However, it was also recognized that the complexity of the ‘primary relationship’ in humanitarian innovation is increased because the concept of a ‘relationship’ between ‘individuals’ is blurred. This raises questions of whether the primary relationship might refer to an individualized ‘practitioner/recipient’ relationship or whether the humanitarian sector or recipient populations as a whole are implicated. The complexity of this primary relationship is increased when it is considered that certain innovations might be beneficial or harmful to some parts of population and not others. The primacy of this relationship obligates those engaging in humanitarian innovation to identify and take steps to avoid or mitigate any conflicts of interest.

The issue of ‘third-party beneficence’ or ‘dual-loyalty’ was identified as particularly problematic for the ‘primary relationship’ in humanitarian innovation. The role of donors and focus on accountability to donors was identified as a major factor that jeopardises the duty and loyalty of providers to recipients. Humanitarian sector interests also have the potential to jeopardize the primary provider/recipient relationship, as concerns about ‘neo-philial’ and a sector-wide tendency towards a triumphalist stance on innovation and improvement were historically demonstrated to have the potential to overshadow the primacy of recipient interests. However, the identification of ‘recipients’ as the focus of the primary relationship in humanitarian innovation also raises other questions about how to manage loyalty and consider risks within the humanitarian system. For instance, the question of how vulnerable host populations or other affected groups that are ‘non-recipients’ becomes salient.

**Principle 3: Humanitarian innovation should promote the rights, dignity and capabilities of the recipient population. Humanitarian innovation must be based on representative consultation and informed consent.**

The primary justification for humanitarian innovation must be the improvement of the lives of affected/recipient populations. One of the most important implications of this principle is that affected and recipient communities should be fully involved in all processes and stages of humanitarian innovation, including design, production, and analysis and monitoring of impacts. It was noted that it is critical for those involved in humanitarian innovation to recognize the significant difference between engaging in 'product testing' with recipient communities and taking steps to draw users and context- and culture-specific issues into design from conception stages.

Although innovation should be user-driven and based on participatory methods, it must also be sensitive to existing and changing community power dynamics, culture, and language. Informed consent should form the foundation of all participatory approaches to humanitarian innovation. Particular considerations should be made for vulnerable groups within affected communities, based upon the premise that innovation should be both sensitive to and useful for the most marginalized populations. This includes sensitivity to age, gender, and disability, among other factors and social identities. However, actors engaged in humanitarian innovation should not underestimate or devalue the agency of recipients and/or participants.

One issue raised was how to adhere to a 'user-driven' or 'user-centred' approach in humanitarian innovation that occurs in the early stages of emergency response. One suggestion was to re-frame the principles around participation for emergency phases, focusing instead on 'problem-centred' approaches and 'needs-identification'.

Another challenge is reconciling the privileged position of humanitarian actors with the imperative to fully incorporate and involve affected communities into the system. External actors often have both a macro-level view of system as well as the ability to forge different connections and link resources in ways that affected populations do not have the capacity to do. Therefore, a key difficulty will be resolving this tension in a way that makes the best use of humanitarian actors' capacities while ensuring that humanitarian innovation is a 'user-driven' process.

**Principle 4: Humanitarian innovation must be based on a 'do no harm' principle.**

Under no circumstances should humanitarian innovation lead to intentional harm (maleficence). Equally, potential risks and harmful consequences of engaging in humanitarian innovation should be considered as carefully and thoroughly as possible. Risk analysis and mitigation processes should be used to prevent unintentional harm. It is important to recognize the impossibility of accurately anticipating or predicting the consequences of innovation, and also to acknowledge that the consequences will almost always be mixed. In addition, the diversity of the innovation process in humanitarian system introduces further complexity; there can be simple innovations with complex impacts and complex innovations with simple impacts, and assessing ethicality can be dependent upon making these crucial distinctions. This principle introduces additional concerns around how to identify and approach risks when interacting with affected populations and in new or unfamiliar

contexts. Yet another consideration is the counterfactual risks inherent in decisions to engage or refuse new innovations and technologies.

**Principle 5: Experimentation, piloting and trials must be undertaken in conformity with internationally recognized ethical standards (e.g. the Declaration of Helsinki) and be based on full institutional review board (IRB) assessments.**

Any experimentation around humanitarian innovation must adhere to existing international standards, and should fully engage with issues of consent and imperfect information when working with vulnerable populations. Given the asymmetrical power relations inherent in most humanitarian contexts, issues of informed consent are fundamentally problematic, particularly since concerns and misinformation about refusal to participate in studies or trials could exist. In general, 'experimentation' in social contexts raises concerns about the ethicality of offering one group a service or resource that is withheld from control groups. In addition, concerns were raised about the use of ethnography and other qualitative research as part of user-based innovation and product testing - although this type of research often does not meet the criteria for experimental trials.

**Principle 6: Equity and fairness should underpin co-creation and the distribution of benefits resulting from innovation.**

"Justice" relates to a fair distribution of costs, benefits, and risks. Innovation may result in both costs and benefits. When it involves working with vulnerable populations there are significant risks that costs may be borne by the most vulnerable and the benefits accrue primarily to elites within or beyond the humanitarian sector. It is important that people involved in humanitarian innovation also share directly in its benefits. Furthermore, special consideration should be given to particularly vulnerable populations.

**Principle 7: Humanitarian innovation must ensure accountability to recipient populations.**

It is critical that humanitarian innovation finds ways of ensuring accountability to recipient populations (as opposed to the more frequent focus on accountability to donors or within the humanitarian system). This will necessarily involve establishing appropriate processes for complaint and recourse relating to unforeseen consequences or maleficence caused by innovation. It is particularly important to establish this accountability because of the position that end-users in the humanitarian system hold as 'recipients', rather than 'purchasers'. In most cases, those in affected populations lack the option to be able to choose whether to adopt a new product or service, or to seek alternatives. This lack of purchasing power introduces an increased risk that 'bad' – harmful or ineffective – innovations will be imposed on recipient groups. This disadvantaged position of recipient groups confers an ethical obligation on those engaging to humanitarian innovation to understand and mitigate these risks by ensuring that they remain ultimately accountable to recipients, who should also have access to processes of enforcing accountability for humanitarian innovation.

