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The EMPHNET Emergency Bulletin

Key Insights on Decolonizing and Regionalizing Humanitarian Aid and Emergency Response

This issue of the EMPHNET Emergency Bulletin highlights the importance of decolonizing and regionalizing the humanitarian aid response efforts, which is fundamental for reshaping how resources and leadership are aligned. It focuses on strengthening local and regional actors to foster more effective, sustainable, and context-driven responses.

To achieve sustainable and context-driven responses, we call for a redefinition of the roles of global actors and restructuring of funding mechanisms to support and empower local systems. Ultimately, true decolonization involves systemic transformation and a redistribution of power to enable equitable, culturally grounded, and resilient public health responses, an approach exemplified by EMPHNET's regional leadership model.

Decolonizing Public Health and Emergency Response: Reflections of a Western Public Health Professional and Historian on Colonialism

By Prof. Bettina Borisch, CEO, World Federation of Public Health Associations (WFPHA)

Colonialism and Orientalism: Contrasts and Connections

There are two influential books that shape my reflections: Edward Said's Orientalism and Josephine Quinn's How the World Made the West. Said's Orientalism is essential for understanding colonialism from the perspective of the "East," while Quinn's book offers a different angle by exploring how the idea of the "West" was constructed over time.

Edward Said's Orientalism is a foundational text in post-colonial studies. It explores how the "Orient," particularly the Arab-Muslim world, has been portrayed in Western literature and scholarship. Said argues that these portrayals often describe the East as exotic, irrational, and inferior—depictions that helped justify imperialism and domination. By stereotyping Oriental peoples, such narratives supported the subordination and exploitation of entire regions and their resources.

Josephine Quinn, in her book "*How the World Made the West*," presents a different but related argument. She boldly states that there has never been a single, pure Western or European culture. According to Quinn, the idea of distinct "civilizations" only emerged in the 19th century, largely shaped by Western intellectuals. This way of thinking promotes the belief in lasting differences between human societies, and it has harmful real-world consequences. For Quinn, ranking civilizations is not only outdated but dangerous; she argues that human history is better understood as a continuous process of connection, exchange, and shared development.

Colonial heritage continues to shape global mindsets by dividing people into groups, whether by race, religion, language, or geographic labels such as East vs. West or North vs. South. These artificial classifications are often used to justify notions of superiority and inferiority, reinforcing systems of domination, subordination, and unequal power distribution. This process of "Othering" frames certain groups as fundamentally different or lesser, while overlooking the essential similarities that unite all human beings.

Decolonizing Public Health

Health—especially global health—is not exempt from these patterns of thought. From its inception, global health has often been shaped by scholars and policymakers from countries in the Global North, who established regulations primarily aimed at protecting their populations from diseases believed to originate in the Global South or East. Early examples include the first international health treaties, created before the founding of the World Health Organization (WHO), which sought to impose artificial borders to prevent disease migration. Later, global health programs, often state-led or funded by major foundations such as the Rockefeller Foundation and, more recently, the Gates Foundation, adopted top-down approaches rooted in a "we know what's best for you" mindset. These efforts have sometimes been influenced by financial or economic interests, rather than by genuine partnership. Knowledge gaps are frequently maintained, local expertise is overlooked, and indigenous knowledge systems are systematically disregarded. As a result, the empowerment of local actors is often absent, and community engagement, a core principle of public health, is too often treated as an afterthought.

Even the language used in global health often reflects colonial mindsets, especially in how situations are framed and how intended program recipients are described. Revising documents and projects to eliminate colonialist language is a long and challenging process. However, it is widely recognized that language shapes action, so changing both is essential for meaningful transformation.

What is most alarming is that while efforts are being made to raise awareness and shift mindsets toward more effective and equitable public health interventions, a new form of colonialism is emerging, often disguised as a more "economical" approach, and sometimes referred to as post-colonialism. Official Development Assistance (ODA) is selectively distributed, often tied to conditions that, over time, alienate the populations it claims to support.

This model frequently relies on the same colonial tactic of labeling certain groups as "different," a strategy of othering, to justify control over resources and decision-making. Aid is granted on unequal terms, and when it is suddenly withdrawn, it can leave communities in dangerously vulnerable situations due to their dependency on it. This calls into question the notion of "help." Shouldn't public health aim to prevent such conditions of dependency from arising in the first place?

These reflections may sound more like the concerns of a historian than those of a public health professional. Still, they are crucial for exposing how the legacy of colonialism continues to shape global health practice today.

Source: UN Women

Emergency Response

In times of emergency, when swift humanitarian action is essential, colonial frameworks can hinder the effective and humane delivery of aid. Emergencies are moments when the value of every human life must be recognized equally, there is no justification for dividing people into those deemed worthy of aid and those who are not. The immediate needs for food, water, shelter, and medical care are universal. It is precisely in these moments that we must remember: people are the same, regardless of where they come from or what they look like. So, how can we ensure that emergency responses uphold these values? A key prerequisite is a deep understanding of the affected communities, their realities, circumstances, and ways of living.

In several regions of the world, these efforts have led to the creation of local and regional systems for managing emergencies. One example is the Pacific region's **Regional Disaster Response Support Doctrine (RDRSD)**, which forms the basis for the regional response mechanism and guides how the region builds capacity and organizes disaster response operations. Its main goal is to strengthen the region's ability to respond to disasters more effectively.

Crucially, accepting help from outside should not mean giving up control of a country's emergency response. National governments should continue to lead and coordinate their own response efforts, even when regional or international support is involved.

Finally, all external responding parties, whether regional or international, must ensure that their efforts support and strengthen the national mechanisms of the affected state. As emphasized by the Caribbean Disaster Emergency Management Agency (CDEMA) in August 2016, such support must always adhere to humanitarian principles, acting in a non-judgmental and non-colonial manner that respects the sovereignty and dignity of the communities involved.

Spotlight on the Need for Transformation in Humanitarian Aid

By Prof. Ziad A Memish, Senior Advisor for Medical and Humanitarian Research, King Salman Humanitarian Aid and Relief Centre (KSrelief)

Evolving the Humanitarian Architecture

The global humanitarian system has historically operated within structures where assistance typically flows from the Global North to the Global South. This paradigm can present challenges in fully leveraging local expertise and addressing the unique contexts of communities in crisis.[1] Decolonizing humanitarian aid involves recalibrating these relationships and elevating the knowledge, leadership, and capacity of affected populations.

The current humanitarian architecture, comprising United Nations (UN) agencies, international Non-Governmental Organizations (NGOs), and donors, faces opportunities for improvement in several areas. Different knowledge systems may receive varying levels of recognition, with opportunities to better integrate indigenous and local expertise. Language considerations remain important, as English often serves as the primary language of humanitarian coordination.[2] Decision-making processes frequently occur far from affected communities, and narratives about crises and responses may not always fully capture the resilience and agency of affected populations.[3] These structural considerations can sometimes lead to interventions that may not optimally align with local contexts, potentially creating parallel systems that may not sustain after international attention shifts elsewhere.[4]

Benefits of Regional Approaches

Regionalizing humanitarian response represents a promising approach in this evolution. When aid is coordinated and delivered through regional institutions, it benefits from a deeper contextual understanding. Regional

actors possess cultural, linguistic, and historical knowledge of affected areas, potentially enabling more contextually appropriate interventions. For example, during the 2023 earthquake response in Syria and Turkey, regional organizations demonstrated capacity to navigate complex environments and reach diverse communities.[5]

Geographic proximity allows for timely deployment of resources and personnel during emergencies. The African Union's deployment of health workers during the 2018-2020 Ebola outbreak in Eastern DRC illustrated how regional resources could be mobilized efficiently. Regional approaches can also contribute to building capacity within affected regions. The Caribbean Disaster Emergency Management Agency (CDEMA) offers an example of how regional coordination mechanisms can enhance participating countries' resilience over time.[6]

Trust and Effectiveness

Communities may develop strong relationships with regional organizations that share cultural affinities and historical experiences. This rapport can facilitate community engagement and participation, which are valuable for effective humanitarian action. Additionally, regional bodies can help align humanitarian response with longer-term development priorities and address cross-border challenges like displacement, disease outbreaks, and climate impacts.[7]

Research suggests that localized responses may offer cost efficiencies, potentially reaching more people with available resources. Studies from the Overseas Development Institute indicate that streamlining delivery channels can reduce overhead costs by 30-40%, potentially allowing more resources to reach affected communities directly.[8]

The King Salman Humanitarian Aid and Relief Centre: A Model for Regional Leadership

Strategic Humanitarian Response in Complex Settings

The King Salman Humanitarian Aid and Relief Centre (KSrelief) illustrates the potential of regionalized humanitarian action. Since its establishment in 2015, KSrelief has developed as an institution reshaping how humanitarian assistance is conceptualized and delivered within the Middle East and beyond, reaching over 107 countries and implementing thousands of projects in collaboration with numerous humanitarian partners.[9]

KSrelief's approach can be observed through its work across multiple contexts, particularly in Yemen, where humanitarian needs remain significant. There, KSrelief has implemented over 700 projects spanning food security, health, education, and water. KSrelief has maintained operations across diverse areas, reaching communities throughout the region. This comprehensive approach includes supporting 147 health facilities and establishing specialized treatment centre for malnutrition, implementing prosthetic limb fitting programs for civilians injured in the conflict, funding mine-clearing operations to render agricultural land safe for returning communities, and establishing community-based early warning systems for disease outbreaks.[10]

Building Sustainable Local Capacity

KSrelief strengthens national institutions through several mechanisms that demonstrate its

commitment to sustainable humanitarian action. The centre invests in training and equipping local humanitarian actors, health ministries, and emergency response teams. In Somalia, the center has trained over 500 local health workers in screening, outreach, and medical treatment procedures, particularly for children and women, fostering knowledge transfer and skill development within affected communities.[11]

The centre joins exchanges between countries facing similar challenges, allowing for the sharing of contextually relevant solutions. The conference on "Drought Resilience in Horn of Africa Countries" brought together experts from Saudi Arabia, UAE, Egypt, and affected countries to develop regionally appropriate agricultural techniques for arid regions. This approach recognizes that countries with similar environmental and cultural contexts often have valuable solutions to share.[12]

Long-term Vision and Infrastructure Development

Beyond immediate relief, KSrelief supports the reconstruction of essential infrastructure with an emphasis on building back better. In Lebanon, following the Beirut port explosion, the centre funded the reconstruction of three hospitals using disaster-resistant designs and renewable energy systems, enhancing resilience to future challenges. This long-term vision represents a distinctive aspect of KSrelief's approach.[13]

The centre values partnerships with local organizations. In Syria, over 60% of KSrelief's

programs are implemented through local Syrian organizations, with KSrelief providing operational support, funding, and technical assistance while encouraging local actors to guide program design. This approach recognizes that local organizations often have strong access, contextual understanding, and community relationships.

Innovation and Adaptation

KSrelief has developed digital solutions adapted to regional contexts, including an Arabic-language humanitarian coordination platform and mobile applications for beneficiary registration that function in low-connectivity environments common across affected regions. These innovations address practical considerations that influence participation in humanitarian coordination and delivery.[14]

KSrelief's approach to support incorporates several distinctive elements. The centre employs flexible funding mechanisms that accommodate adaptive programming as needs evolve. Its comprehensive approach addresses multiple sectors simultaneously. Programs emphasize dignity and agency for affected populations, such as through cash assistance where markets function. Aid delivery considers local customs, religious practices, and social structures, and the centre leverages regional relationships to facilitate humanitarian access in complex environments.

Source: The Rahnuma Daily

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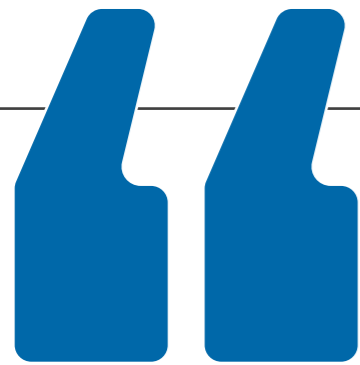[9] KSrelief. (2025). About King Salman Humanitarian Aid and Relief Centre. Retrieved from https://www.ksrelief.org/

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Key Message and Advice for the International Community

Advancing International Partnerships

The path toward a more inclusive and regionalized humanitarian system presents opportunities for constructive action from all stakeholders. Based on emerging practices and lessons learned, the following considerations may be valuable for different actors in the humanitarian ecosystem.

International organizations might explore governance structures that incorporate meaningful representation of affected regions in decision-making bodies. They could consider funding approaches that support the Grand Bargain target of 25% direct funding to local and national responders through accessible mechanisms. Recognizing diverse forms of knowledge and expertise in hiring and partnership decisions represents another opportunity. Coordination mechanisms could potentially be positioned closer to affected populations, and organizations might explore transitions from direct implementation to providing technical support to regional and local actors.[15]

Organizations may benefit from thoughtful reflection on how their internal cultures, recruitment practices, and operating procedures align with their values and objectives. This involves constructive conversations about institutional practices within the humanitarian sector. The humanitarian principles of humanity, neutrality, impartiality, and independence remain foundational, with opportunities to contextualize their application within diverse cultural frameworks.[16]

Strengthening Regional Coordination

Regional organizations might consider investing in specialized expertise in humanitarian standards and principles while adapting them to regional contexts. Developing robust accountability mechanisms can build trust with both affected communities and international partners. Inclusive approaches that ensure diverse groups within regions have meaningful participation in decision-making represent another opportunity. Developing interoperability between national disaster management systems and regional response mechanisms can enhance coordination, and exploring regional pooled funds and other financing instruments may offer pathways to sustainable funding.

Regional bodies like the Association of Southeast Asian Nations (ASEAN), the African Union, and the Gulf Cooperation Council have demonstrated leadership in coordinating responses to regional crises. These efforts merit continued support and development. The ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) offers insights into how regional mechanisms can build member states' capacities while maintaining readiness for rapid response.[17]

Enhancing National Leadership

National governments play a vital role in this evolution. Developing comprehensive disaster management frameworks clarifies roles, responsibilities, and coordination mechanisms at all levels of government. Allocating national resources to disaster preparedness and response demonstrates commitment and sustainability. Empowering local government levels closest to affected communities can ensure more timely and appropriate action. Supportive regulatory environments can enable humanitarian action by local civil society, and investments in early warning systems, risk mapping, and community-based disaster risk reduction can help mitigate the impact of hazards.

National ownership of humanitarian response offers a sustainable approach. Countries like Bangladesh, the Philippines, and Chile have developed sophisticated national disaster management systems that provide valuable learning opportunities. These systems integrate scientific risk assessment with traditional knowledge, engage communities in preparedness activities, and maintain clear communication channels during emergencies.[18]

Evolving Donor Practices

Donors may consider adapting their practices to support localization and regionalization. Program-based or core support can allow for adaptation to changing circumstances. Streamlined compliance mechanisms can create more accessible pathways for smaller, local organizations. Extended funding cycles beyond the typical 12 months can enable sustainable capacity building. Valuing diverse approaches to humanitarian action acknowledges the richness of different knowledge systems. Supporting regional coordination platforms and response capabilities can contribute to sustainable infrastructure for humanitarian action.

Partners in the humanitarian system might explore different approaches to risk and accountability when supporting localized and regionalized approaches. This could involve reconsidering how success is measured and reported, incorporating perspectives from affected communities themselves.[19]

Source: Saudipedia

Conclusion: Toward a New Humanitarian Paradigm

Learning from Recent Experience

The evolution of humanitarian aid represents both a technical and ethical opportunity. By embracing more inclusive and regionalized approaches, the humanitarian community can work toward systems that honor human dignity, build genuine resilience, and address underlying vulnerabilities.[20]

The COVID-19 pandemic highlighted both challenges and opportunities within the humanitarian system, as travel restrictions affected international deployments. During this period, local and regional actors demonstrated significant capacity despite resource constraints. This experience offers valuable insights for humanitarian response approaches.

A Vision for the Future

The future of humanitarian action lies in fostering partnerships that support communities and regions to lead their own response and recovery processes. This approach invites thoughtful engagement from traditional donors, regional institutions, and all humanitarian stakeholders.

As exemplified by KSrelief's approach, regional leadership in humanitarian action can connect international resources with local knowledge, creating responses that are both technically sound and culturally appropriate. Through such models, the humanitarian community can work toward a more equitable, effective, and dignified humanitarian system.

The process of evolving humanitarian aid practices continues, informed by both practical necessities and ethical considerations. Organizations like KSrelief are demonstrating how regional leadership can deliver effective, contextually appropriate assistance. The international community has the opportunity to embrace and advance these approaches to address humanitarian needs more effectively.

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Decolonizing Humanitarian Aid in Palestine: Toward Locally Led, Politically Informed Responses

By Prof. Mohammed Shaheen, Dean of Graduate Studies and Scientific Research, Dar Al-Kalima University, Palestine

Over years of involvement in Palestine's humanitarian landscape, it has become clear that many aid programs are designed externally, often based on assumptions that do not reflect Palestinian realities. Although well-intentioned, these interventions frequently rely on rigid, donor-driven models that lack the flexibility to adapt to the complex political environment shaping daily life. While working with Palestinian organizations like Juzoor for Health and Social Development, I have witnessed the profound impact of aid rooted in local knowledge, informed by lived experience, and responsive to the realities of occupation. This approach is not optional—it is essential for creating meaningful and lasting change.

The Meaning and Imperative of Decolonizing Aid

Decolonizing aid goes beyond including local voices; it requires entrusting local actors with leadership. The concept of 'neutrality' has often been used to remove political context from humanitarian work. Yet in Palestine, where occupation, displacement, and violence are ongoing, claiming neutrality risks erasing the root causes of crises.

Decolonizing aid can be defined as:

- Recognizing that many health emergencies are politically driven—by blockades, violence, and displacement— and not merely natural occurrences.[21]
- Empowering Palestinian professionals as decision-makers, not just implementers.
- Valuing local knowledge as central to effective humanitarian responses.

Although Palestinian professionals make up the majority of the humanitarian workforce, they continue to face significant barriers, including checkpoints, siege conditions, and damaged infrastructure. Despite these challenges, they remain resilient, sustaining essential services with limited resources and often without international recognition or adequate support.

Case Study: Emergency Health Training in the West Bank

In June 2025, a four-day emergency response training was held for health professionals from across Palestine. Designed and led by Palestinians, with key contributions from experts based in Gaza, the training reflected both the shared challenges and collective strengths of the local health community.

Led entirely by Palestinian experts in fields such as law, health, humanitarian response, logistics, nutrition, and psychosocial support, the training focused on real-life case studies from Gaza and the West Bank. It integrated principles of International Humanitarian Law with a specific focus on the context of occupation, combining clinical care with legal and political awareness. Participants were encouraged to co-create solutions rooted in their communities. This initiative exemplified a localized, justice-driven approach to humanitarianism in practice.

Structural Barriers to Local Leadership

Despite growing global dialogue on 'localization,' local leadership remains underfunded and undervalued. Key challenges include:

- Only 1.2% of global humanitarian funding reaches local organizations directly.[22]
- International staff often lack understanding of local histories, dynamics, and needs.
- Political realities such as occupation and apartheid are frequently excluded from aid discussions to maintain donor comfort.[23]

Recommendations for Transformative Change

To better serve Palestinians, humanitarian aid must undergo bold reforms:

- Center Local Leadership: Local professionals and communities should lead all phases—from planning to evaluation.
- Direct Funding to Local Organizations: Funding should flow directly to local actors, bypassing international intermediaries.
- Contextualize Emergency Response: Aid must explicitly address the legal, historical, and political realities of occupation.
- Invest in Sustainable Systems: Support long-term health infrastructure and community resilience beyond emergency relief.
- Reimagine Healthcare Models: Develop participatory, socially informed healthcare approaches tailored to local needs.

In conclusion, this is a call for accountability. Decolonizing humanitarian aid is an ethical imperative.

Palestinians are already leading effective responses. What is needed is recognition and solidarity, not rescue. The situation in Palestine reflects a global crossroads: will aid uphold injustice through silence and control, or become a tool for equity and truth? The choice is urgent, and it is ours.

Source: From Juzoor for Health & Social Development Facebook Page

Source: From Juzoor for Health & Social Development Facebook Page

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In Numbers

In our turbulent world, crises have become a constant reality for communities across the EMR and beyond. These crises, ranging from natural disasters to human-made emergencies driven by war and conflict, take a significant toll on healthcare systems and the health of populations. This section provides an overview of alarming statistics:

Gaza

On June 27, 2025, EMPHNET's warehouse located in Al-Bureij area of Gaza was destroyed in an airstrike that also leveled the residential building in which it was housed. This incident resulted in the total loss of all stored health and nutrition supplies.

57,680+
people have been killed, as of July 9, 2025

137,409
people have been injured, as of July 9, 2025

714,000+
people have been displaced over the past three months.

28
EMTs are currently operating, as of June 23, 2025

47%
of hospitals are partially functional, as of June 17, 2025 (17 out of 36)

38%
of primary health care centers remain functional, as of June 17, 2025

610
Patients admitted due to severe acute malnutrition with complications, as of June 11, 2025

48.7%
of laboratory testing materials have less than one month of stock, while 8.2% of consumables and laboratory supplies are also below the one-month threshold.

Sudan

29,170
suspected cholera cases and 629 associated deaths reported across 15 states since January 2025

15,256,000
Children in need of humanitarian assistance

30,400,000
People in need of humanitarian assistance

10,538,960
Internally Displaced People

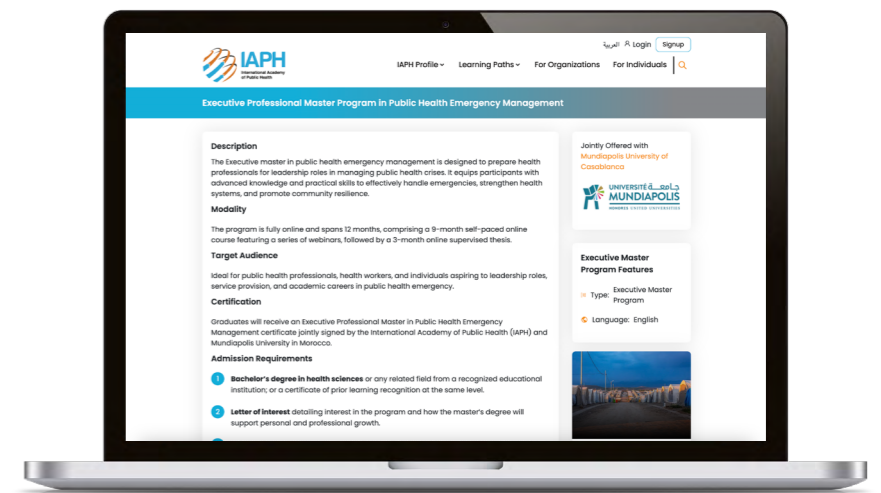## Empowering Gaza's Community Health Workers: First Aid & Trauma Management Training

EMPHNET collaborated with CADUS International,[24] to deliver a Basic First Aid and Trauma Management Course, tailored for EMPHNET's community health workers. So far, the training has engaged 81 participants from diverse medical backgrounds, including nursing, pharmacy, dentistry, and radiology, representing governorates across the Gaza Strip: North Gaza, Gaza, Deir al-Balah (Middle Area), and Khan Younis. Through hands-on modules and scenario-based instruction, trainees are gaining essential skills for rapid stabilization, trauma care, and emergency decision-making.

Updates from the International Academy of Public Health (IAPH)

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