

## 9 Financial Resources

In order to ensure the long-term sustainability of technical support to intercountry and country efforts in establishing national emergency preparedness programmes, funds will need to be allocated from the regular WHO country budget and from regional and intercountry sources for this purpose. Some regions have already been successful in doing this, and it has resulted in more countries moving towards self-reliance in dealing with their own emergencies. In turn, those countries have also succeeded in attracting more supporting funds from extra-budgetary resources.

Each WHO region should maintain a reserve fund for carrying out immediate activities, upon the declaration of a major emergency. This relatively small fund could guarantee immediate action and also give greater credibility to the Organization. In a major or complex emergency, the regional reserve fund could also be supplemented by resources from the headquarters emergency fund as well as the Central Emergency Revolving Fund (CERF) administered by DHA.

Interagency consolidated appeals, as we have seen, are issued by the UN Secretary-General and have become the central resource mobilization mechanism of the UN system as a whole. Donors respond less and less to individual agencies' appeals, pending the preparation of a consolidated one. It is therefore essential that WHO should participate actively and effectively in their elaboration.

It is recognized throughout the UN system that a severe shortfall in financial resources increasingly affects its humanitarian response capabilities and that overall donor funding is often weak. This

situation will call for special fund-raising mechanisms to be devised to cope with emergencies, wherever they may arise. WHO needs to convince donors with sound technical arguments why they should support specific activities and to show that, if they are funded, WHO will indeed be able to carry them out in timely and effective fashion. It is all the more crucial, therefore, that WHO's country representatives should be prepared to undertake fund-raising activities in the field in the event of an emergency. ■

### Executive Board Resolution

*WHO's Executive Board, meeting in January 1995, approved Resolution EB95.R17 which urges Member States to include disaster reduction and emergency preparedness in their national development plans and to allocate budgetary resources for this purpose. It calls on the donor community to give greater priority to health aspects in their humanitarian assistance programmes. And it requests the Director-General to support the efforts of Member States in this domain and to seek extrabudgetary resources, so as to protect the development achievements of countries and reduce the vulnerability of communities at risk. In the field of emergency response and humanitarian action, the resolution calls on WHO to improve internal coordination and its response capacity, and to strengthen the ability of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals.*

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## Conclusions and Recommendations

### DG's Direct Responsibility

*In his letter of 26 August 1994 to all regional directors, the Director-General wrote: "There has been a widespread centralization in the management of these major crises, linked to the need to make optimal use of limited resources and to reduce overlap.... There is also a general need to deal more systematically with the preparation of emergency response programmes in various parts of the globe, with resource mobilization and with establishing effective relationships with cooperating partners and the media. In the light of the above .... I have decided to take a much more direct responsibility for the management of complex emergencies through the structure that is being set up under EHA."*

In view of the decision by the Director-General to take much more direct responsibility for emergency management, the two key requirements are, first, that WHO should respond more speedily and effectively than in the past to the needs of people caught up in complex emergency situations, and second, that it should keep on top of all developments as they occur so that global response can be directed quickly and efficiently to often rapidly-evolving emergency health needs. This is indispensable if WHO is to maintain productive contacts with the donor community as well as responding promptly to the growing stream of queries from Member States and from the media.

Major complex emergencies - an example is the recent crisis in Rwanda - are clearly beyond the capacity of either headquarters or the regional offices to "go it alone." Only by combining the energy, knowledge and resources of the entire Organization in a unified team approach will it be possible to keep pace with the growing demand. The Director-General himself intends to make the fullest appropriate use, through the regional director concerned, of the operational strength of WHO's regional structure.

While a conflict-related complex emergency represents a special case calling for special managerial arrangements, the handling of other emergency situations linked to natural disasters or clearly sectoral in nature will continue to be handled directly and comprehensively by the regional offices, with the full backing of headquarters.

In summary, WHO's new approach to emergency management is based on three concepts:

- The Organization's position as a "health facilitator" in this field, drawing as it does upon the vast pool of qualified health experts who are at its disposal (over 100 technical programmes), six regional offices, over 100 country representatives and more than 1200 collaborating centres;

- Its complementary role, in view of its specialized health knowledge and authority, within the UN framework of emergency management coordination and in cooperation with the NGO community
- Its insistence on linking emergency management policy to development, in order to help affected countries to achieve long-term improvements in public health status - a prerequisite for sustainable development.

Finally, the “culture of emergency response and humanitarian action” which WHO is seeking to engender should infuse the whole of the Organization, and eventually should permeate health ministries, governments of Member States and - in the long run - the public at large. ■

### **The Global Policy Council spells it out**

*WHO's Global Policy Council (GPC) has made the situation very clear: when disasters strike, WHO must respond, must be seen to respond and must react promptly. WHO's emergency assistance must cover all aspects of the functioning of the health care system. While WHO will participate in UN fact-finding missions, it should not await their outcome before taking action. The GPC also underlined that the size and complexity of the emergency should be analysed by the regional director in consultation with the Director-General to determine the extent of the response required. And all WHO country programmes should include an element of emergency preparedness.*