

### **PART III. COMMENTS BY THE REGIONAL DIRECTOR**

111. WHO's humanitarian assistance programme for the former Yugoslavia is by far the biggest project of its kind ever undertaken by the Regional Office, and

possibly even by WHO as a whole. This holds true in terms of funds, staffing, the variety of programmes and the number of organizations – UN, governments and other IGOs and NGOs – involved. Certainly, it also holds true with regard to the different conditions under which the aid was given: a vicious, messy armed conflict involving several countries and many population groups; a constantly changing war with moving and unclear front lines in a difficult terrain; extreme logistics and communications problems; millions of people fleeing their homes; hundreds of thousands killed or wounded; and health service systems in complete disarray.

112. During the two years of operations, as is the practice in WHO, there has been frequent feedback and dialogue between the field, the Zagreb headquarters and the Regional Office to evaluate the different parts of the programme, including special missions of specialist staff looking at technical, managerial and administrative aspects of the operations at different levels. These evaluations have been complicated by the fact that the political and armed conflict has been constantly moving, bringing continuous and extensive changes in priorities and operational possibilities on the ground.
113. Reports on the situation were discussed by the Regional Committee in 1992 and 1993 and will be discussed again in September 1994. In view of the complexity and size of the operations, the Regional Director felt that it would also be useful to ask an "outside" group to evaluate the experience over the last two years. He would like to take this opportunity to thank most sincerely the evaluation team for their willingness to take on this task and for the speed and efficiency with which they have completed the work. This report is now being studied by the various units at the Regional Office, with a view to identifying the most appropriate response to the issues raised, including those that should be addressed jointly with WHO headquarters.
114. While agreeing with and endorsing many of the conclusions arrived at in the report, the Regional Director would like to make some comments which he feels may be useful for the discussion of the report by the Standing Committee during its meeting in September.
- (a) **Was WHO observing its mandate in addressing health-related humanitarian needs in the former Yugoslavia?**
115. The question of WHO's primary role and mandate is addressed by the evaluation team and by the three WHO Special Representatives (Annexes 1 and 8) but warrants comment by the Regional Director. The impression may be gained that somehow there is a conflict between the role of WHO as "the directing and coordinating authority on international health work" and the provision of medical supplies and physical rehabilitation in emergencies. In fact, *both* functions are clearly part of WHO's mandate as set out in Article 2 of its Constitution, notably Article 2(a) and Article 2(d). There is no conflict between these two functions; on

the contrary, they are complementary and mutually supportive, as exemplified in many of WHO's emergency relief operations in other regions. It is not correct to say that WHO's role in past conflicts has generally been limited to giving technical advice regarding medical supplies, with only selected items being procured. On the contrary, direct procurement and delivery of a variety of health supplies has increased significantly in all regions of the Organization over the past few years and reflects WHO's current policy, i.e. the provision of medical supplies is an essential input in order for the Organization to be seen as a credible partner in humanitarian assistance. Extensive supplies, sometimes worth several million US dollars, have in recent years been provided to humanitarian assistance programmes in Afghanistan, Cambodia, Ethiopia, Rwanda and Somalia, as well as in countries surrounding and/or involved in the 1991 Gulf War. It is also significant that no WHO staff member serving in the field in the former Yugoslavia believes that WHO's role should be limited to coordination and advice only.

(b) **Were the management structure and technology used by WHO appropriate?**

116. Regarding the question of **delegation of authority**, the report comments that the recommendations in the EURO internal management survey of this programme need to be expanded further. The Regional Director agrees that there is a need to continuously improve management principles and performance and believes that this report will be very useful to the Regional Office in its efforts to do so.
117. When deciding to launch the operation in the former Yugoslavia in July 1992, one of the major preoccupations of the Regional Director was that every effort must be made not to overload the Regional Office itself to an extent that would distract it from its primary task of promoting HFA policy and programme development in all the Member States of the Region. Thus, when the humanitarian operations in the former Yugoslavia started to grow, staffing was increased in Zagreb with the intent of decentralizing to that office as much of the administrative work as was advisable. Later on, staffing was also increased in the Coordination unit at the Regional Office and in some of the units of the Administrative Support department that were most directly involved in operations in the former Yugoslavia. The Regional Office initially had a number of problems in adjusting its administrative procedures and structures to meet the requirements of the new situation. That also applies to strengthening the staff at the Regional Office, a task which in retrospect should perhaps have received higher priority earlier on. It must be remembered, however, that all these developments came at the same time as the Regional Office suffered a 15% budget cut, received 20 new Member States and undertook a major reorientation to build up its EUROHEALTH programme.
118. The most recent and most extensive internal management review (April 1994) was wide-ranging and many of its very practical recommendations have already been put into effect.

- (1) administrative coordination: a senior post in the Administrative Support department has been redesignated as Manager, Field Operations, with responsibility for facilitating that department's support to field operations in the former Yugoslavia;
  - (2) arrangements have been made to improve communications, both among staff working in the former Yugoslavia and with the Regional Office;
  - (3) a rolling human resource plan has been implemented; within the office in Zagreb, there have been a consolidation of functions and greater rationalization of responsibilities;
  - (4) a detailed delegation of authority has been drawn up for the Special Representative, Zagreb;
  - (5) various measures have been introduced to improve the working conditions for staff in the former Yugoslavia.
119. The question of delegation of authority from the Zagreb office to other staff is partly a question of technical responsibility (which is substantial in the case of the Special Representatives in Sarajevo and Belgrade, for instance) and partly one of financial authority (which raises practical problems in a country where banking systems do not function normally). Nevertheless, there is a constant need to be sure that the need for financial accountability and sound financial management does not preclude granting the necessary authority for, and speedy implementation of, the action required at local level. The Regional Director will ensure that this issue is analysed carefully again and that, should there be a need to change WHO's basic rules and procedures beyond what has already been done, this question will be taken up with WHO headquarters.
120. On the question of **resource mobilization**, EURO has always operated within the framework of the Consolidated UN Inter-Agency Appeal in fund-raising, but experience has clearly shown that additional direct appeals by WHO staff to donors have been vitally important for raising funds in the overwhelming majority of cases. In particular, WHO facilitates visits to the field by donor agencies and provides them with regular progress reports from the field. The Regional Director agrees that several problems have occurred in this area, partly due to a situation with multiple donors each having their own particular reporting requirements, and partly due to the constraints imposed by a rapidly expanding programme. The best possible match must always be sought between the needs and priorities of the field (as determined by WHO) and the priorities of donors. Several steps have been taken to further improve this working partnership with donors, including the development of a donations monitoring database, improved reporting, an increased dialogue with donors and a streamlined approach to fund-raising.
121. The Regional Office has learned several important lessons regarding resource mobilization.

- Funds must be available immediately at the regional level to launch operations, before voluntary contributions start coming in. Donors do not give funds before the Organization is "on the ground" and has initiated actions that are seen as worthwhile and of interest to the individual donor. However, once a donor has given the funds and been satisfied that the Organization has used the funds well, it is very much easier to get subsequent grants from the same donor. The Regional Director thus agrees fully with the external evaluators in their statement that a regional revolving fund should be available for such purposes.
- Start-up operations must be done quickly, and an organization coming into the field "after all the others" has no chance of having real impact. This is particularly true for WHO, whose strong points are strategic analysis of the situation and coordination among many partners: such functions can only be established in the early stages of "the game".
- In spite of all the good aspects of the Consolidated UN Inter-Agency Appeal – joint analysis of the situation by several organizations, presentation of an integrated and total UN programme to the donor community, etc. – **no-one but WHO itself will raise funds for WHO!** Such fund-raising must be done on the basis of knowledge of field conditions, good programme ideas and an apparatus already in place that is capable of ensuring follow-through at both field and regional levels.

122. Regarding the question of **delays in supply procedures**, the Regional Director notes that the process of getting supplies to where they are most needed is a complex chain of events. This includes:

- needs assessment
- priority-setting in collaboration with local and international agencies
- resource mobilization
- transfer of funds from donor to WHO (this has on occasion taken months after a pledge has been made)
- internal transfer of funds from WHO headquarters to EURO
- procurement
- delivery
- secondary distribution.

123. It is correct that several problems arose, partly due to staffing shortages in the Regional Office and partly due to unfamiliarity with WHO's procedures and practice on the part of newly recruited field staff. To a large extent, these problems were associated with the rapid build-up of the programme, and great efforts have been made to find solutions, including several advances against the CERF and the naming of a focal point in WHO headquarters Supplies unit to facilitate smooth administrative action. The Regional Director feels that the report does not take

into account the very significant improvements which have recently been made in the procurement process. At present, delays in procurement are probably more a reflection of lead times by manufacturers or shipping agents, or of the availability of funding, than of undue bureaucracy on WHO's part.

(c) **Was the effort worthwhile and should it be repeated?**

124. An evaluation of a programme as complex as the one in the former Yugoslavia must be made on a hierarchy of expected outcomes.
125. Most important, of course, is the direct impact on health of the millions of people in the countries concerned. Did WHO's actions prevent people from dying? Did WHO make possible medical interventions to cure diseases, heal wounds and alleviate human suffering – interventions that would not have taken place directly or indirectly without WHO's actions? There are no data with which to answer these questions with certainty, partly because the war conditions have made measuring impossible, partly because the train of events is often complex and direct measurement is very difficult. When WHO, as long ago as the early autumn of 1992, started sounding the alarm and preparing for action to increase winter survival (in particular for the population of Sarajevo), how many thousands of lives were saved or serious hypothermia and malnutrition prevented as a consequence? When, in the winter of 1992, WHO sounded the alarm about the danger of scurvy in Sarajevo and other isolated cities and arranged urgent action to prevent the disease from occurring, how many thousands of the more than 300 000 people in Sarajevo were saved from this serious deficiency? When, in the spring of 1993, WHO sounded the alarm about the danger of the development of typhus fever among refugees and others and initiated urgent countermeasures to prevent such an epidemic, how many cases were thus prevented – zero, hundreds, thousands, or tens of thousands? So far, 1520 metric tons of medical supplies have been provided by WHO – how many tens of thousands of lifesaving operations or disability-preventing interventions did this make possible, and how many thousands of deaths or disabilities were prevented through this action?
126. Although no exact figures can be given on this primary impact, there is strong circumstantial evidence that the actions by WHO have had a very important impact on the health of the target populations.
127. A second major aim of WHO's action in the former Yugoslavia has been to **improve coordination of the overall relief effort** in the health field, no matter where the aid comes from. Although such coordination is a major element in WHO's Constitution and thus binding on all Member States, the sad fact is that very few, if any, of today's NGOs – and even bilateral agencies or other international organizations – have mandates that impose on them cooperation with WHO. On the contrary, many prefer acting alone, as this is easier for the organizations and gives them more publicity *vis-à-vis* their own constituencies.

128. To deal with this serious problem in the operation in the former Yugoslavia, EURO designed a two-pronged strategy; first, to improve the information available which could help different organizations to act more purposefully (whether or not such action was taken in an explicit collaborative framework with WHO and other organizations); and second, to try to create acceptable and feasible frameworks for cooperation through making direct contact with all major organizations and proposing mechanisms for concrete cooperation with WHO and other bodies.
129. As regards the first aspect, WHO's monitoring of the health situation and nutritional status of the population, including the provision of a specific WHO newsletter containing the results and giving practical advice on measures to take, helped provide the same basic information on health and health problems to all agencies, governments and organizations. Second, the design of health problem-specific "kits" for supplies provided a practical tool for all organizations to help them manage their own supply operations more efficiently.
130. As regards practical field operations, efforts to create a feasible framework (e.g. with regard to providing supplies and equipment, ensuring rehabilitation services for disabled war victims or dealing with the tremendous psychosocial problems of the population) have been a major priority for all senior WHO staff, whether in Zagreb, in the area offices or in the field. The evaluators' comments in Table 2 that physical rehabilitation is mostly limited to Croatia is incorrect. Prostheses have been fitted by the WHO orthopaedic engineer in Sarajevo, Belgrade, eastern Bosnia and UN protected areas. Sarajevo has received 490 prostheses, Belgrade 170, Bihac 90, Tuzla 60 and Trebinje 40. On the issue of supplies and equipment, WHO organized frequent scheduled meetings with all major organizations to share information on needs, provisions and unmet needs for the different health institutions in Bosnia. If "holes" of serious unmet needs for individual hospitals, for example, were identified, WHO tried to have partner organizations fill them; if that was not possible, WHO would provide the supplies.
131. How successful has this coordination been? There is no doubt that it could have been done better, for instance by posting special monitors in every UNHCR field office in Bosnia and Herzegovina and providing them with the telecommunications facilities necessary for easy communication with the WHO area offices. This would have been a very costly operation and financing would have been difficult to find, especially in the build-up phase. Nevertheless, this is certainly a question which WHO needs to reflect on carefully, as it is a very important issue for future operations of this kind.
132. Finally, one of WHO's objectives was certainly **to make good use of its own potential and resources**. There is no doubt that, as identified in the external evaluators' report, there are a number of areas where WHO's administration could have been smoother; equally, it is clear that the whole operation has been a major

learning exercise for WHO. Thus, the modifications that have already been made – and the others that still need to be made – will have a positive impact on WHO. This will apply not only to ongoing operations in the former Yugoslavia, and possibly to similar ones in other countries, but also to WHO's management in general – for instance, with regard to fund-raising. One important consideration in the overall assessment of the use of resources would seem to be the fact that the Office, throughout its operations in the former Yugoslavia, did indeed continue to deliver its "normal programme" and even expanded substantially its activities in other countries of central and eastern Europe and the newly independent states.

133. Should EURO have "stayed out of it all"? There was no specific request from the UN, no resolution from the Regional Committee or World Health Assembly that specifically instructed WHO to involve itself in the conflict in the former Yugoslavia. It is no secret that there *were* voices, both within the Regional Office and elsewhere, saying that EURO should stay out of it, that WHO had little experience and no resources to embark on such a venture, a venture which, it was feared, would invariably distract it from its primary mission.
134. Such arguments are certainly valid if seen from one perspective. However, it is the view of the Regional Director that they would give WHO a role which is far from the spirit of its founders. They wanted an organization with a real conscience for those most in need, sound technical competence to advise on the best strategies available and an ability to create opportunities where they may seem hard to find. That is why they also wanted an organization that could play a major role when catastrophes occurred and humanitarian action was needed in the health field.
135. In today's world, where the human suffering caused by catastrophes and conflicts in any corner of our globe is shown immediately on the television screens of hundreds of millions of people, such suffering has become intensely visible and calls for rapid and direct action to alleviate it. This is not only desirable from a humanitarian point of view; it has also become a political imperative. In such a world, WHO must be seen to be forceful and relevant, and it must be seen to deal with problems that are widely recognized as serious and of high priority in the health field. This is necessary not only for WHO to fulfil its constitutional mandate. For the Organization to mobilize the resources it needs to build up its infrastructure and be truly effective in attacking the problems of public health, it must also garner public and political support. In today's world, it is vital that WHO protects and enhances its image in the minds of people, politicians and professionals as an organization not only of fine principles and theoretical solutions. It must show itself to be an organization with a heart, an organization with a commitment, and an organization capable of rising to a difficult – and even dangerous – challenge when the health of entire populations is in grave jeopardy