MANAGEMENT SURVEY REPORT NO. 137

MANAGEMENT SURVEY ON EMERGENCY RELIEF OPERATIONS

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1 INTRODUCTION

WHO's role in emergency health assistance is clearly stated in its Constitution: "to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments".[1] However, the question of how the Organization should respond to requests for emergency assistance in cases of disaster and natural catastrophe has largely been unanswered.

It is true that WHO has provided over the years various forms of emergency assistance in controlling serious epidemics and in procuring urgently needed medical supplies for developing countries, but the emphasis recently placed by the UN system on disaster relief and rehabilitation assistance does not appear to have been given proper attention by the Organization as a whole.[2]

In May 1974, the World Health Assembly directed the Organization to take steps "to meet more readily the urgent needs of countries stricken by disasters or natural catastrophes".[3] The following Assembly, in May 1975, requested the Director-General "to continue to develop further the Organization's capacity for providing health assistance to disaster-stricken peoples, and to ensure that the Organization continues to play an active role in the joint relief and rehabilitation efforts undertaken by the United Nations system and the League of Red Cross Societies with respect to disasters and natural catastrophes".[4]

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[1] WHO Constitution, Article 2(d)

[2] This distinction will be further clarified in ANNEX 5.

[3] WHA 27.48

[4] WHA 28.45

In June 1974, the Director-General established the Intra-Secretariat Coordination Committee on Early Warning Systems, and in November 1974 an officer in the Division of Coordination was designated as Responsible Officer for WHO Emergency Relief Operations (ERO). As from July 1975, the Responsible Officer ERO has reported direct to the Deputy Director-General, and is thus attached to the Office of the Director-General (DGO).

11 Terms of Reference

A comprehensive survey of ERO was requested by the Responsible Officer in a memorandum addressed to Chief, MGT, dated 16 April 1975.[1] It was confirmed that the survey should not be limited to a study of the organizational methods and workload of ERO itself but rather aim at proposing a viable system to be adopted by WHO for its disaster relief operations.

For the purpose of this report and for the sake of clarity, MGT takes the liberty of calling the ERO unit the Office for Disaster Relief, abbreviated to DRE.

12 Objective

Accordingly, the objective of the present report is to propose a solution, or an alternative approach, to the task called for by Resolution WHA 28.45: "to develop further the Organization's capacity for providing health assistance to disaster-stricken peoples.....".

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[1] See ANNEX 1. The survey originated in the Director-General's comments, concerning ERO's secretarial support, made on the memorandum from Director COR to him dated 24 July 1974. This was followed by management survey request dated 6 November 1974 submitted by the Responsible Officer. It was agreed to commence the survey after the 55th Executive Board.

13 Scope

The report focuses on DRE taking into account the inter-relationships between DRE and various organizational entities both within and without WHO, so far as they are related to disaster relief.

However, it does not deal with individual technical divisions' preparedness for emergency assistance, nor with the procurement capacity of emergency medical supplies by Supply Services (SUP). In this respect, it should also be noted that procurement for UNEO[1] is not discussed in this report.

Further, although the present duties of the Responsible Officer DRE include acting as liaison officer on behalf of WHO with the National Liberation Movements recognized by OAU, this is excluded from the analysis of the present subject except when the workload of DRE is considered.

2 PRESENT SYSTEM

The survey of DRE and its environment was conducted between May and August 1975.[2] The findings and resulting recommendations which directly concerned DRE were discussed with the Responsible Officer DRE in September 1975 and are noted in this chapter. The recommendations which concern policy questions are noted in chapter 3 together with some thoughts on DRE's new practices.

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[1] WHO is acting as procurement agent of medical supplies for certain developing countries with the fund entrusted from the United Nations Emergency Operations (UNEO). Its impact on SUP has been identified as the "UNEO issue" because of the unprecedented magnitude of the sums involved. (see WHO Journal No. 15, September 1975, p.3).

[2] The survey methodology consisted of:
- analysis of objectives of DRE as given in official documents
- interviews with about 35 persons concerned with disaster relief (including a WR, officials of UNDRO, FAO, and WFP).
- Observations, inspection and file studies, and
- Bibliographical research.

21 Background

In July 1948, the First World Health Assembly adopted a programme for emergency services, and decided that in the case of serious epidemics WHO should be regarded as the first source of assistance to which countries have recourse.[1]

The same Assembly also recommended the setting up of a bureau to give advice on the procurement of essential drugs, biological products and medical supplies, special consideration being given to cases of emergency.[2] This was implemented by establishing a medical Supply Section at HQ on 1 January 1949.

WHO emergency relief operations during the past 25 years have therefore been directed primarily to providing technical assistance in controlling epidemics and emergency medical supplies not necessarily related to disasters and natural catastrophes.

WHO's approach to the problem has been rather limited by the provisions for emergency assistance given in the WHO Manual: "While certain organizations are primarily relief organizations, this is not true of WHO. In undertaking emergency assistance, therefore, every effort should be made to safeguard the orderly development of planned programmes.[3] "

... However, disasters in early 1970 (SEE ANNEX 2) which not only took a great toll of human life but were also largely attributable to changes in at least two political systems (Pakistan and Ethiopia) provided the United Nations agencies with the momentum to develop a system-wide coordination mechanism.

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1 Resolution WHA1.61 of July 1948

2 Resolution WHA1.60 of July 1948

3 WHO Manual, Part X.1Mc/74, Rev. 2, para 60.1

As a result of ECOSOC resolution 1759 (LIV) in May 1973, FAO was designated to serve as the focal point of the UN system in the Sahelian drought relief operations in 1973/75. FAO established the Office for the Sahelian Relief Operation (OSRO) for this purpose, staffed with 5 professional and 6 general service staff members. As from October 1975, this office is converted to a permanent unit of FAO with the same OSRO symbol (the Office for Special Relief Operations).

In March 1972, the United Nations established a new office headed by an Under-Secretary-General to "mobilize and coordinate" the world-wide efforts in disaster-relief.[1] The Office of the United Nations Disaster Relief Coordinator (UNDRO) was established in Geneva, staffed originally by 5 professional and 7 general service staff members. UNDRO is currently strengthening its capacity by the addition of 11 professional and 9 general or field service staff members.

Member States of WHO also expressed their concern and interest in the Organization's active role in Sahelian disaster relief (WHA 26.60 and WHA 27.48), and in May 1975 passed a total of 7 resolutions with specific reference to intensifying the Organization's efforts in emergency disaster relief operations.

Of these resolutions, five are expected to be pursued by DRE; Resolutions EB55.R62 and WHA 28.45 which express general concern for coordinated efforts in disaster relief and rehabilitation assistance; Resolution WHA 28.46 which deals specifically with the drought in Somalia; Resolution WHA 28.47 which concerns assistance to refugees and displaced persons in Cyprus; and Resolution WHA 28.48 which again deals with the drought in the Sahelian zone.

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[1] Ref: UN General Assembly resolution 2816 (XXVI).

22 Office for Disaster Relief (DRE)

221 Functions

The functions of the Responsible Officer DRE are stated in IC/74/167 of November 1974. In brief, he is the central coordinator of WHO-assisted disaster relief operations and liaison officer on these subjects with other organizations.

However, the designated title "Responsible Officer" implies wider functions than those specified for "coordination and liaison officer". This difference can be demonstrated by reference to external factors. For example, in 1974, UNDRO described its relationship with DRE as follows:[1]

"The World Health Organization has as a primary function the responsibility to act as the directing and coordinating authority on international health work .. . [therefore] only it is technically competent to assess the information received from the field and to reduce sometimes quite lengthy requests for medical supplies into more compact and updated statements of medical needs deemed most appropriate for the emergency phase.

"Once this information is obtained from WHO..., UNDRO proceeds to transmit news of medical and other relief needs to a large number of governments, voluntary agencies, and other potential donors. UNDRO has on occasion received quite substantial donations in cash which have been earmarked for meeting priority health needs previously reported by WHO.... When UNDRO has received funds for procurement of drugs, vaccines, and other urgently required medicaments, it has unhesitatingly turned to WHO s Supply Section for prompt purchasing of the requisite items."

This quotation points out clearly that (1) DRE is expected to communicate to UNDRO WHO's authoritative comments on requested medical supplies; (2) This assessment is WHO's prerogative so far as the UN system is concerned; (3) Cash donations earmarked for medical supplies are often given to UNDRO; and (4) UNDRO may ask WHO to procure these supplies[2]

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[1] Speech by UNDRO representative to the 27th WHA, Committee B, on 15 May 1974.

[2] They are confirmed by the Responsible Officer.

It is obvious from the above account that the Responsible Officer DRE must exercise not only coordination and liaison functions but also a degree of direction and much initiative in order to be "responsible" for WHO involvement in disaster relief operations.

222 Staff

There is no professional staff member of WHO devoting himself full time to disaster problems. It has been already mentioned that the Responsible Officer DRE is also engaged substantially in the liaison function related to the National Liberation Movements in Africa.[1]

The Responsible Officer is assisted, according to IC/74/167, by a six-member task force. However, during the last 10 months, there has been no meeting of all members of the task force. This task force does not function as a committee but as a panel of advisory personnel to whom the Responsible Officer can refer technical matters individually when necessary. Since each disaster is different and requires different technical expertise to assess the relief needs, there is little reason to restrict the advisory personnel to the present six officials alone. Further, it is not clear to wha extent the selected individuals are authorized to speak for their Division. It is recommended that the concept of the present task force be re-examined and the terms of reference for the task force be worked out.

One member of the task force (from PGS/SUP) has been devoting approximately half his time to the day-to-day activities of DRE so much so that in the absence of the Responsible Officer he has been designated to take charge of DRE. DRE has been provided with 2 secretarial assistants, one financed by regular budget and the other by extra-budgetary resources.

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[1] It is fair to point out that this part of his responsibility stemming from resolutions of EB 55.R51 and WHA 28.43 in 1975 takes up close to a half of his normal working day. FAO has already established a new P-5 post specifically for this responsibility and a new secretarial post.

223 Funds

The Organization's fund generally available to DRE for disaster relief activities is the Special Account for Disasters and Natural Catastrophes of the Voluntary Fund for Health Promotion.[1] Established in 1975 by resolution EB 55.R62, this fund enables the Organization for the first time to make its own contribution to the concerted efforts of the United Nations system in disaster relief without obtaining clearance from the governing bodies.

In the last 4 years more than $10 million worth of medical supplies were procured by WHO for disaster-stricken governments. (In no case has WHO provided cash subsidies to governments.) Practically all these funds have come from trusts provided by donor governments or from the United Nations system.

Thus, although the amount to be made available for each disaster from the above-mentioned "disaster account" may be limited it is an extremely significant asset for WHO in the sense that it enables the Organization to act as a donor rather than as a donor's assistant as hitherto.

After the recent floods in Romania and Dahomey the "disaster account" of VFHP has already been used to allot $20,000 to each country for emergency medical supplies.

In this regard, it is recommended that DRE should consider more flexible uses of the "disaster account" since there is little sense in limiting its use to the procurement of medical supplies alone for which there are normally other resources available (i.e. trust funds).

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[1] Other Organizational resources to which DRE might be granted access in exceptional circumstances would be: (1) Executive Board Special Fund and (2) Working Capital Fund. For comparison of these funds' utility, see ANNEX 3. The status of the "disaster account" of VFHP is given at ANNEX 4.

The acceptance of trust funds should be viewed in the larger context of the new role of the United Nations system as a machinery for a "New Economic Order". It is generally felt that certain United Nations agencies are likely to be requested to act more and more as procurement agents for various goods needed by developing countries to be purchased from funds donated by developed or affluent countries. UNEO is a case in point. This will naturally put a great strain on WHO Supply Services.

However, trust funds for disaster relief, where the time factor of delivery is of paramount importance, must be distinguished from these trust funds. At present, this distinction is not clear and trust funds have been accepted almost indiscriminately, with the result that SUP sometimes finds itself procuring or shipping emergency goods long after the disaster phase is over, in an attempt to expend the balance of the funds.

The strengthening of SUP's capacity is, of course, a crucial matter which merits urgent attention and consideration (ref: 33). At the same time, DRE and SUP should intensify their efforts to encourage potential donors to develop their own medical supply capability by providing them with the necessary information.[1]

However, once a trust fund is accepted for disaster relief supplies, the Organization should be in a position to expend the fund fully within a reasonably short period. Before soliciting or accepting trust funds for the procurement of medical supplies for disaster relief, the Responsible Officer DRE should consult SUP to assess realistically SUP's capacity to procure the supplies needed at that time, and to analyse deliveries on a realistic and acceptable time basis. An allotment of the trust funds ear-marked for disaster relief should be issued to the Responsible Officer.

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[1] Such as WHO-approved medicaments for disaster relief, list of firms dealing with medical products which are particularly receptive to the needs of disaster relief agencies.

224 Facilities

Since an improvement in the general office facilities of DRE is foreseen, it is thought that only communication facilities need to be mentioned. At the moment, the Responsible Officer is provided with a normal telephone set with authority, renewable each year, to make international calls within Europe. In view of DRE's particular requirement for maximum communication means, it is recommended that consideration be given to improve DRE's communication means both internally within WHO/HQ (e.g. party line) and externally (long distance calls not limited to European continent).

Communications from the Telex Office (5th floor) are sufficiently speedy, and reception of telex messages in out of normal working hours is also satisfactory as night guards at Reception (where an extra telex machine is situated and functioning all night) are aware of the home telephone number of the Responsible Officer and his alternate.

225 Information

All the necessary statutory information on the objectives and functions of DRE is kept in the unit, but has not yet been properly classified for reference purposes. All activity records are filed under the name of the country only and an effort to maintain data for each emergency systematically has only recently been started.

Since DRE's intricate communication requirements with interacting partners within WHO and in the United Nations system is very hard to document,[1] some medical officers need to be brought into closer touch with DRE's day-to-day activities in order to maintain sufficient expertise for contingencies.

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[1] An attempt was made however by the author as seen in ANNEX 6.

It is therefore recommended that an effort should be made by DRE to "systematize" the office functions and activities, including setting up a contingency plan for the office, preparing an action master file for each disaster with appropriate sub-sections,[1] plus use of progress charts to demonstrate the status of each disaster relief operation.

226 Activities

A summary of WHO's activities[2] in disasters and natural catastrophes is given at ANNEX 2. Of the 17 disaster situations recorded, 11 are natural disasters, most of which were caused by floods (6 cases) followed by droughts (3 cases); 6 others are classified as man-made disasters.

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It should be noted at this point that the Responsible Officer DRE has been involved in all the cases mentioned above, but that these were disasters where the governments officially requested assistance from the United Nations system.

Of the total of 20 countries stricken by disasters, 10 belonged to the African region, and the remainder to the five other regions.

By far the largest contribution made by or through WHO for a disaster was US$ 3,225,000.- (Southern Sudan refugee problem) while the smallest was $14,000 - (floods in Burma). The average was approximately $600,000.-.

As for the case load for DRE, from 1972 to the end of 1974, the Responsible Officer had dealt with on average 6 disaster-assistances per year. However, in the first 8 months of 1975 alone, DRE has already dealt with 8 disaster situations. From this analysis, it is reasonable to assume that DRE has been dealing with at least 4 - 5 cases of disasters at any given moment, and it is expected that this number will increase substantially in 1975.

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[1] See ANNEX 7 for illustrations of the necessary sub-sections.

[2] Record of each disaster relief operation is given in APPENDIX 7.

Regarding the categories of WHO assistances, in all 17 cases the Organization has provided technical advice as well as medical supplies, and in about 50% of the cases one or more WHO staff members were sent to the disaster area (in addition to or as replacement for the WR). In all the disasters that have occurred since 1973, WHO assistance has included some form of rehabilitation assistance.

Reports on the assistance given in each disaster have been regularly transmitted to the relevant WHO officials, with chronological accounts of action taken by DRE. They form the basis for the preparation of official reports to the Executive Board and the Assembly.[1]

23 Environment

231 Interacting Entities within WHO

Efforts are being made to redefine DRE's authority and responsibility under the Director-General's Office (DGO), the new reporting line. One problem which remains is to distinguish clearly DRE's responsibility from that of the Division of Coordination (COR) of which DRE formed a part until recently, particularly in the common field of "coordination with other United Nations agencies".

DRE's interactions with technical units/divisions are frequent and its records indicate that there is a need to make DRE's functions more clearly understood. For example, when comments have been requested by DRE on proposed medical supplies for a disaster relief, it is not unusual for technical units to respond in less than a priority manner. The situation would have been quite different had the actual functions of DRE been clearly understood by technical units, both its routine

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[1] For 1974 report by the Director-General on "WHO activities related to disasters and natural catastrophes", see WHA Official Record A 28/26 ANNEX.

functions (promotion and coordination of various forms of WHO's emergency assistance in general) and its functions in a particular disaster situation (coordination and direction of WHO's disaster relief efforts and liaison with UNDRO and other relief agencies).

It is thus recommended that DRE clarify its relationships vis-à-vis other HQ units/divisions by making them aware both of its routine functions and of its functions in a particular disaster situation. The first step would be to establish a detailed list of DRE's functions for Organization-wide distribution and inclusion in the WHO Manual.

DRE's interactions with regional offices and WHO representatives vary. But it is evident that a more conscious effort has to be made to appreciate each other's role in disaster assistance.

Leaving aside for the moment a fundamental policy question of the sharing of responsibility between HQ and regional offices for disaster assistance (to be discussed in 311), a number of practical decisions have already been made to facilitate the ties between DRE and WR in cases of disaster.

For instance, in 1974 WRs were given authority to offer assistance immediately in investigating the outbreak of a disease,[1] and IC/74/167 made it clear that information concerning emergency relief operations should be sent direct to the Responsible Officer DRE as far as HQ is concerned.

However, there is evidence to believe that these measures have not been fully appreciated by the WRs concerned. Discussion with a WR revealed that due to procedural constraints a WR is not yet in a position to communicate direct with HQ even in cases of disaster. (See 313 for recommendation).

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[1] Ref: Memorandum of 3 December 1974 from the Deputy Director-General to all Regional Directors and Assistant Directors-General.

232 International Community for Disaster Relief

WHO is classified as one of international organizations actively participating in disaster relief operations.[1] The international community for disaster relief consists essentially of three groups, United Nations and related agencies, non-governmental and voluntary organizations, and bi-lateral donors.

The way assistance is channelled or coordinated has undergone some changes in recent years. A conceptual presentation given in ANNEX 8 shows that (a) the United Nations and related agencies[2] are beginning to function as one system, (b) UNDRO has emerged as a permanent United Nations institution to "mobilize, direct and coordinate" this group's relief activities, and (c) the League of Red Cross Societies has remained the leading non-governmental/voluntary organization providing immediate relief to disaster-stricken peoples.[3]

DRE has an active inter-relationship with UNDRO and with the League of Red Cross Societies. DRE and UNDRO are in almost daily contact, and DRE has been invited by the League to participate regularly in its monthly review meetings on various relief activities.

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[1] For example, see Red Cross Disaster Relief Handbook, League of Red Cross Societies, Geneva 1970, ANNEX 3.

[2] It has been found, in the course of the present survey, that (a) the entities which are recognized as primarily "relief agencies" (such as UNICEF, UNHCR, UNRWA) are increasing their efforts considerably in disaster relief, (b) the entities which have substantial responsibility for emergency relief (such as FAO, WFP) are strengthening their capabilities by creating a special unit for disaster relief operations, and (c) the entities which have relevance to some aspect of disaster relief, prevention, rehabilitation, etc. are making conscious efforts to broaden the scope of their statutory functions or to interpret them so as to demonstrate a greater interest in disaster-related assistance (.e.g. UNESCO, ITU, WMO, UNEP, BANK, UNDP).

[3] Other non-governmental organizations interested in disaster relief activities include : World Council of Churches, Catholic Relief Services, Lutheran World Federation, and Oxfam.

Among the significant accomplishments arising out of these interactions are: Clarification of the criteria for applying for the free air transport of emergency relief goods[1], and the drawing-up by WHO of a list of medical items recommended for disaster- relief purposes.[2]

On the other hand, corresponding cooperation at the country level has in general left much to be desired. Since it is at this level that the impact of the Organization's relief activities is measured and it is where the Organization has lacked clear directives, it is recommended that, as a matter of general practice, WHO's disaster relief activities should be carried out in close cooperation with other relief agencies, in particular, with UNDRO and the League of Red Cross Societies in Geneva; and with the RR UNDP and the National Red Cross Society[3] at the disaster area.

24 Other Factors Influencing the Systems' Performance

The survey revealed three major factors which had been overlooked by those concerned with WHO's emergency assistance, and which are preventing the smooth functioning of DRE's activities.

First, disaster relief operations require special principles and an approach distinct from other emergency operations. WHO has tried to deal with disasters in the same framework as it has dealt with emergency health assistance. When a major disaster strikes a country, it could very well influence the priority of the country's development planning, thus affecting the country's health planning and WHO's programmes/projects for that country. In these instances, the question is no longer how to "safeguard the orderly development of planned (WHO) Programmes" but rather how to modify the planned WHO programmes to meet the country's new priority requirements.

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1 Ref: IATA Regulation 200.

2 DRE also took part in establishing a list of medical items to be stockpiled by UNICEF in its Copenhagen warehouse.

3 Or equivalent national relief organization.

Thus, the only comprehensive directive on WHO's emergency assistance, which appeared in Manual Circular No. 74, Rev. 2, in 1964, requires a fundamental revision. For this purpose, it is recommended that WHO's fundamental policies on emergency assistance to Member States be redefined by reviewing its constitutional responsibility in the light of the growing demands and expectations of Member States for WHO's active involvement in disaster relief and rehabilitation assistance.

Secondly, technical units and divisions vary greatly in the importance they place on emergency assistance. Even among units often involved with emergency activities, there is a vast difference in methods of planning, funding, and execution. Some units possess up-to-date plans while others keep none and leave the matter entirely to the intuition of the staff member who will be delegated to handle an emergency. Similar discrepancies are evident between the regional offices and the WRs.

This makes a large scale disaster relief operation by the Organization extremely difficult and inefficient, as it requires quick coordinated efforts by various units and good team work by individuals trained in different principles. The present survey uncovered a number of unfortunate past examples deriving from these discrepancies and as yet there is no guarantee of their non-recurrence in the future.

It is therefore recommended that a study be undertaken of relevant Headquarters' divisions, regional offices and WHO representatives' offices with regard to their preparedness and capacity to deal with disaster relief and rehabilitation assistance.

Thirdly, the confusion in the use of the term "emergency assistance" by WHO needs to be corrected. Indeed there are at least five types of "emergency assistance", as shown in ANNEX 5. Plans kept or to be developed by various units or divisions would be better clarified if they formed a part of an integrated plan of WHO emergency assistance to governments.

...

Only after this exercise, would it become possible to demonstrate the different roles to be played by individual units or divisions ... in different types of emergency assistance. Taking ANNEX 5 as an example, one could see that DRE's primary domain is Plan IV, with limited involvement in Plans III and V.

Another advantage of establishing an integrated plan would be to see clearly the graduation of various funds which may be made available according to varying degrees and types of emergency situations.

If care were taken to make such a plan simple and flexible, the danger of overplanning could be avoided.

It is recommended that an integrated plan for different types of emergencies be elaborated including such information as a definition of the particular emergency, the responsible official, the assisting organizational units for that emergency, the reviewing authority,[1] funds to be utilized, and a typical plan of execution.

3 CONSIDERATIONS FOR NEW SYSTEM

The preceeding findings relating to the present system could be diagnosed as mal-adjustment of the Organization to the rapidly changing nature and volume of inputs. This "illness" is already in an advanced stage requiring urgent intervention or re-adjustment. The present chapter deals with some executive policies and ideas that might be applied.

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[1] The "reviewing authority" means the unit or person (a) who should be informed about the outbreak of the emergency situation by the responsible official concerned, (b) whose advice or authorization should be sought when necessary, and (c) for whom an evaluation report should be provided. A case in point is that in Plan V, the DG (the responsible official) must obtain authorization from the Chairman of the Executive Board (the reviewing authority) in order to use the Executive Board Special Fund.

31 Policy Discussion

Should WHO be involved with disaster relief? Should it remain as a kind of "super doctor" giving prescriptions to disaster-stricken peoples just as a doctor writes a prescription for an individual patient? This question is no longer a relevant one in the light of resolutions WHA 28.45-8. It is mentioned here because so many persons in WHO still consider that the question has not been answered.

The answers given by the resolutions are (1) WHO should develop its capacity for disaster relief, (2) it should develop medium and long-term programmes for the rehabilitation stage, and, (3) it should explore resources within WHO and seek extrabudgetary resources. They call for WHO to undertake an active operational role and not to limit itself to the giving of advice and stop short only of suggesting a fund raising campaign to secure the necessary resources.

Obviously, new policies and strategies must be developed, and the required changes discussed and decided upon by officials with medical qualifications. The recommendations noted below, therefore, should be read as an option proposed by MGT based upon certain management principles.

311 Responsibilities to be Shared by HQ and Regional Office

The first policy decision to be made is division of responsibilities - who should be responsible for what and when?

The provision of immediate disaster relief requires essentially (1) liaison with other agencies in the UN system, (2) assessment of immediate needs and technical advice, (3) issue of WHO's comments on medical supplies (4) release from stockpile or urgent procurement of a part of the medical supplies, (5) delivery of the goods to the government's disaster relief focal point, and (6) funds available or easily obtainable to ensure the above.

Post emergency rehabilitation assistance requires essentially (1) assessment of medium- or long-term needs (2) project formulation (3) approval of the projects, (4) project implementation (5) incorporation into programmes or establishment of new programmes, and (6) financial support for the projects and programmes.

The disaster relief and rehabilitation assistance could take place concurrently though the former initially must precede the latter.

Taking into consideration the Organization's current operational practices, it is recommended that in principle HQ should be responsible for disaster relief and that the regional offices concerned should be responsible for rehabilitation assistance, with both sides assisting each other.

312 The Responsible Officer for Disaster Relief

The next policy question[1] is to define the Responsible Officer's function, authority, staff, and financial resources.

All these depend on the extent to which the functions of the Responsible Officer DRE are to be coordination, and to which extent execution.

MGT's recommendation is that he should mobilize and coordinate technical divisions' disaster relief efforts; direct and execute the issue of WHO's comments on required medical supplies, the release of certain stockpiled goods,[2] and liaison operations in the disaster area; and be responsible for the overall effectiveness of the WHO disaster relief operation by taking whatever other measures are necessary with the concurrence of the Director-General.

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[1] Assuming that the recommendation above was accepted and also assuming that the Director-General entrusts the responsibility for disaster relief to DRE.

[2] See 32.

Accordingly, a number of recommendations follow:

a. Authority: Consideration should be given to ensuring that the Responsible Officer DRE is provided with authority and facilities commensurate with his responsibilities as redefined.

b. Staff: The Responsible Officer should be assisted (1) by a core staff financed from the Regular Budget sufficient to meet basic work demands, calculated on the basis of past experience; and (2) by as many additional staff as may be required, to be financed from extra-budgetary sources, depending on the magnitude and frequency of disaster situations occurring during a period.

The core staff required is estimated at the time of the present survey to be 1 professional technical officer and 2 general service secretarial assistants.[1]

c. Financial Resources: Subject to the criteria and ceilings to be set by the Director-General, the administration of the "disaster account" of the Voluntary Fund for Health Promotion should be entrusted to the Responsible Officer DRE who should make efforts for the promotion of the fund[2], and be held accountable for the records of its expenditure.

The flexibility offered by the fund compared with the other resources should be fully used to ensure speedy action which is the essence of effective disaster relief.

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[1] These figures exclude the needs of disaster/emergency component of Supply Service/HQ.

[2] A special promotional effort is particularly important due to the cold fact that since January 1975, the "disaster account" has so far received only $452 except for the initial Whitacher endowment.

313 Operations in the Disaster Area

Finally, the main policy question is how to ensure the effectiveness of WHO's operations in the disaster area. The WR's responsibilities in the disaster area need to be considered. Required functions are:

a. to alert DRE on the disaster and about the probability of epidemics.

b. to offer promptly to the government concerned the services necessary to investigate the outbreak.

c. to file the first situation report to DRE within 24 hours of learning of the government's request for WHO/UN assistance in disaster relief.

d. to assist WHO staff or experts already in the country or sent from regional office(s) or HQ for the assessment of immediate needs.

e. to participate in the team forming the government's disaster relief focal point.

f. to cooperate with other relief agencies and RRUNDP.

g. to inform DRE about the medical supplies required while the list is being finalized by the government.

h. to ensure that medical goods sent from WHO are cleared of customs, transported, and handed over to the government without delay.

i. to follow instructions from DRE and refrain from making public statements, unless cleared with DRE, on the disaster.

The list is not, of course, exhaustive. It signifies, however, heavy responsibilities which require the full time attention of the WR for a period. Further, in order to carry out these duties a contingency fund is imperative. The WR must also report to the regional office concerned and take part in or assist the project formulation team. The concept of two equal reporting lines is not consistent with management principles.

One solution to the problems would be to create an official title for the person who carries out the functions c. to i. above; tentatively called the WHO Liaison Officer for Disaster Relief (LDR). Functions a. and b. are inherent in the duties of a WR.

As soon as a government's request for disaster relief is received, the Director-General should in consultation with the regional office concerned designate a staff member as the LDR. He could be the WR in which case he would bear the two titles of WR and LDR, or he could be a field staff member or a person sent from a regional office or HQ specifically for the purposes mentioned. A contingency fund should be provided for the LDR.

MGT recommends this solution because it offers greater flexibility and avoids the difficult issue of redefining the WR's responsibilities.

32 Practice

There are a number of practical suggestions MGT could make for improving the effectiveness of WHO's disaster relief operations independently of the policy questions mentioned above.

Until such time as the promotional efforts of the "disaster account" of the Voluntary Fund proves to be successful, the main focus of the DRE's attention will be how to meet the "customer's" expectations most effectively with a minimum of cost to the Organization.

Our "customer" in this case is a disaster-stricken government, which expects WHO to carry out its constitutional responsibilities in providing the necessary aid. Experience has shown that this aid means primarily the urgent despatch of medical supplies for preventing the outbreak of diseases and treating the surviving victims.

Consequently, the effectiveness of the operation would depend largely upon (1) speed of WHO response, (2) soundness of WHO's diagnosis and prescription, (3) the amount of world-wide pledges and donations given to the government in relation to WHO's assessment of the medical requirements, (4) the proportion of this aid provided by or through WHO, and (5) the impact of the aid on the government's efforts to protect people's health. Except for (5), all are considered to be measurable by WHO and manageable to a large extent.

Provision of medical goods is not exclusively WHO's function: There are other international and bilateral agencies equally or better equipped to do this and more experienced than WHO. In addition, many pharmaceutical firms are known to be responsive to the needs of disaster relief.

For many donors, however, WHO's assessment of the health needs of the disaster-stricken population is an essential pre-requisite to the making of a commitment. By discharging this responsibility most effectively (timely and authoritatively) WHO could assist the government in a most substantial way.

It is therefore recommended that:

a. In order to inform UNDRO and donor agencies of WHO's views on the proposed list of required medical supplies as expeditiously and as competently as possible, the Responsible Officer DRE should devise a scheme to enable him to make direct contact with any member of the Secretariat.

b. As a further step, as an alternative to awaiting UNDRO's communication on the government's proposed list of supplies, WHO staff with expertise in the assessment of health needs in disasters should in the first place take part with the government in drawing-up the original list realistically. This will in turn alleviate the pressure on (1) above.

c. A list be compiled by DRE of the types of expertise most often required to assess needs at the disaster area effectively. The list may include epidemiologists, medical officers, sanitary engineers, medical supply officers, preferably with sufficient field experience and knowledge.

In order to demonstrate WHO's interest in the speedy delivery of relief goods and to assist LDR (or WR) in gaining the confidence of the government's relief focal point, it is further recommended that DRE should consider the possibility of stockpiling selected medicaments and other items most likely to be required[1] in disasters, a small consignment of which would be released immediately in response to LDR (or WR's) first situation report.

Finally, there must be a clear procedure to terminate WHO's disaster relief operation officially. The timing should normally coincide with the government's declaration of the end of immediate disaster relief period, but would require the Organization's independent judgment as well. It is recommended that:

a. The timing of the end of WHO's involvement in the disaster relief phase should be decided officially by the Director-General upon the recommendation of the Responsible Officer DRE.

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[1] It is recalled that flood is the most common disaster (ref: 226).

b. Formal evaluation should take place[1] as soon as WHO's involvement in the disaster relief phase is over.

33 Concluding Remarks

This report has identified some fundamental policy questions and offered some practical ideas for DRE to "develop further the Organization's capacity for providing health assistance to disaster-stricken peoples".

However, since DRE is only a part of the Organization's overall system of disaster relief and rehabilitation assistance, it is re-emphasized that the preparedness and capacity study mentioned in 24 merits urgent consideration (particularly in SUP).

Equally urgent would be the Organization-wide efforts (in which DRE would take an active role) to ensure a more efficient and effective assessment of needs for disaster-stricken peoples; and to promote voluntary contributions for the Special Account for Disasters and Natural Catastrophes of the Voluntary Fund for Health Promotion.

4 SUMMARY OF RECOMMENDATIONS

41 General and Policy Matters

a. WHO's fundamental policies on emergency assistance to Member States be redefined by reviewing its constitutional responsibility in the light of the growing demands and expectations of Member States for WHO's active involvement in disaster relief and rehabilitation assistance. (p.16).

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[1] Based upon measurable and factual data such as those suggested in ANNEX 7.

b. A study be undertaken of relevant Headquarter's divisions, regional offices and WHO Representatives' offices, with regard to their preparedness and capacity to deal with disaster relief and rehabilitation assistance. (p.16)

c. An integrated plan for different types of emergencies be elaborated including such information as a definition of the particular emergency, the responsible official, the assisting organizational units for that emergency, the reviewing authority, funds to be utilized, and a typical plan of execution. (p.17)

Responsibilities to be Shared by HQ and Regional Office

d. In principle HQ should be responsible for disaster relief and the regional offices concerned for rehabilitation assistance, with both sides assisting each other. (p.19)

The Responsible Officer for Disaster Relief

e. The Responsible Officer DRE should mobilize and coordinate technical divisions' disaster relief efforts; direct and execute the issue of WHO's comments on required medical supplies, the release of certain stockpiled goods, and liaison operations in the disaster area; and be responsible for the overall effectiveness of the WHO disaster relief operation by taking whatever other measures are necessary with the concurrence of the Director-General. (p.19)

Resulting recommendations on DRE's authority, staff, and financial resources are given in p.20 .

Strengthening Operations in the Disaster Area

f. As soon as a government's request for disaster relief is received, the Director-General in consultation with the regional office concerned should designate a staff member as the WHO Liaison Officer for Disaster Relief (LDR). A contingency fund should be provided for the LDR. (p.22)

42 Practice

Recommendations concerning DRE's present practice such as the task force (p.7), use of funds (p. 8 - 9), facilities (p.10), information (p.11), relationship with other units/divisions (p.13), and external relations (p.15) should be read in their respective context. Only these recommendations which deal with DRE's new practice are reproduced here.

g. In order to inform UNDRO and donor agencies of WHO's views on the proposed list of required medical supplies as expeditiously and as competently as possible, the Responsible Officer DRE should devise a scheme to enable him to make direct contact with any member of the Secretariat. (p.23)

h. As a further step, as an alternative to awaiting UNDRO's communication on the government's proposed list of supplies, WHO staff with expertise in the assessment of health needs in disasters should in the first place take part with the government in drawing-up the original list realistically. (p.24)

i. A list be compiled by DRE of the types of expertise most often required to assess needs at the disaster area effectively. The list may include epidemiologists, medical officers, sanitary engineers, medical supply officers, preferably with sufficient field experience and knowledge. (p.24)

j. DRE should consider the possibility of stockpiling selected medicaments and other items most likely to be required in disasters, a small consignment of which would be released immediately in response to LDR (or WR 's) first situation report. (p.24)

k. The timing of the end of WHO's involvement in the disaster relief phase should be decided officially by the Director-General upon the recommendation of the Responsible Officer DRE. (p.24)

l. Formal evaluation should take place as soon as WHO's involvement in the disaster relief phase is over. (p.25)