

Personal Perspectives

Private donations for former Yugoslavia

Dr G.B. Forte

*World Health Organization
Zagreb Area Office, Croatia*

In the face of disaster and witness of suffering, there is a natural human impulse to reach out and help those in need. The survival of thousands of people endangered by the conflict in former Yugoslavia is hinged upon the assistance extended by governments, institutions, and private individuals. Without this assistance, the casualties of this conflict would be far higher.

Within former Yugoslavia, WHO has seven offices in daily contact with other humanitarian agencies and local health authorities. These agencies are either governmentally or privately funded and all depend upon donations of some kind to operate.

In-cash donations

Exchangeable currency constitutes the ideal donation. It supports the procurement of essential supplies and their distribution through a well established system. However, this type of funding is generally time-limited and cannot be relied upon to support long-term projects.

In-kind donations

Donations of supplies, generally provided by private organizations or individuals, pose a challenge to channel effectively. Many people initially assume that virtually anything they choose to send is better than nothing, but this is far from the case.

Many private donations of medicines are channelled through the United Nations High Commission for Refugees (UNHCR) which is not a medical agency. They often arrive without warning, poorly packaged, without labels or past their labelled expiry dates, and they sometimes contain mixed or unusable drugs. Sorting and handling such supplies consumes resources, creates logistical problems and in some situations even creates environmental and other hazards.

Unfortunately, donors frequently fail to consult recipients or even to check regulations that apply to donations either in transit or in the country of destination. A donation will not be treated as such until the local government has accorded this status to the consignment. In the case of the Federal Republic of Yugoslavia, each consignment must be specifically approved by the Sanctions Committee of the Security Council in New York, a process which can sometimes take months. In many cases, transportation costs are higher than the actual value of the donation.

Perishable supplies, particularly serums, vaccines and other biological drugs and reagents require cold storage. Some diagnostics and therapeutic agents are also hazardous to transport. In all cases, proper packaging is very important. Consignments worth thousands of dollars have been lost due to damage by rain.

In a theatre of war involving three different parties, improperly manifested and marked consignments can create nightmare scenarios, especially when packages identify an intended end-user. An entire convoy was almost turned back and a driver threatened because someone "forgot" to manifest two candles in a consignment. In Sarajevo, WHO field staff have risked their lives under sniper fire trying to identify unmarked medical supplies lying on the airport runway.

Quality of donations

Sometimes, it is found that the cost of packaging and transportation have been wasted on drugs of unacceptable quality. Because of almost inevitable delays in transit, drugs often arrive at their destination after they have passed their expiry date. In Bosnia there are huge quantities of expired medicines which are scheduled for destruction, but which remain dumped because of lack of fuel. They take up valuable space, and could eventually filter into local distribution channels for want of other supplies.

In many instances donors send something that they want to be rid of, but which they feel may be useful to others, such as boxes of assorted drugs that are insufficient to cover a single course of treatment. Great frustration is met in the field when non-priority

items finally arrive after weeks of waiting for basic necessities. Agencies in the field are always best placed to advise on priority needs.

WHO has devised emergency health kits that cover basic contingencies likely to arise within a sizeable community. This has proven to be a most efficient system of distribution of medicines in emergency situations. For donors that wish to send medicines rather than money, such kits are strongly recommended.

WHO's efforts to mould in-kind donations into useful contributions have been highly rewarding. UNHCR Frankfurt, a major transit station for supplies, reports that the proportion of useful donations has increased by some 30%. UNHCR Ancona, and field offices in former Yugoslavia have reported improvements in the quality of consignments. Very specific needs, which otherwise would have remained unidentified, have been fulfilled.

Suggestions for future operations

We have learned many lessons concerning in-kind donations. Not wanting to discourage people from sending supplies, we have sought ways of making the best of the situation, and we offer the following advice for consideration in future operations:

1. Resources should be allocated at the outset of an emergency situation to correlate assistance offered by donors with needs in recipient countries. "An ounce of prevention is worth a pound of cure."
2. Basic guidelines should be prepared and issued to the media to instruct potential donors on how they can best help in the situation.
3. Collection centres should be created in recipient countries to sort, package and distribute donations according to need.
4. Health authorities should be assisted in establishing policies and regulations relating to donations.