HEALTH ACTION IN EMERGENCIES INCLUDING RESPONSE TO EARTHQUAKES AND TSUNAMIS OF 26 DECEMBER 2004

The Tenth Meeting of Health Secretaries of countries in the SEA Region, held in Dhaka, on 3-4 July 2005, deliberated, among other subjects, on Health action in emergencies including response to earthquakes and tsunamis of 26 December 2004, which is also an Agenda item of the fifty-eighth session of the Regional Committee. The background document (SEA/HSM/Meet.10/3) prepared for the meeting is attached.

The Meeting of Health Secretaries recommended that WHO should assist in strengthening national emergency health preparedness and response capacities through: (a) conducting needs and risk assessments; (b) facilitating intercountry collaboration, exchange and mechanisms; (c) active collaboration with other agencies in the health sector in emergency preparedness and response initiatives; (d) ensuring wide dissemination of accurate technical information and implementation of guidelines, and (e) integrating the above recommendations in the workplans as early as possible.

The Meeting further recommended that Member States should: (a) further strengthen their efforts in implementing resolutions SEA/RC57/3 and WHA58.1 relating to health emergencies; (b) institutionalize their Emergency Health Preparedness and Response programmes in ministries of health at the highest possible level with sufficient human and financial resources, and (c) engage communities and other sectors directly in the implementation of health programmes in emergency preparedness and response.

The Agenda item is now submitted to the Regional Committee for its consideration.
Health Action in Emergencies, Including Response to Earthquakes and Tsunamis of 26 December 2004
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1. INTRODUCTION

The increasing frequency of natural disasters, man-made crises and emergencies in recent years has seriously affected millions of lives in and imposed severe socioeconomic burdens on societies and governments in countries of the South-East Asia Region. These events and disasters have posed serious challenges to WHO’s role and activities in this area. As expected, the state of emergency preparedness and the capacity to respond to crises, varies from country to country and is closely related to the level of development of national health systems and services.

The subject of emergency health preparedness and response has occupied centre stage at various fora of WHO, including the Regional Committee for South-East Asia last year and the World Health Assembly (WHA) this year. These policy-making bodies reviewed the efforts made by the Member States to deal with national health emergencies through appropriate preparedness and response, and made recommendations aimed at further strengthening the capacity of the governments in managing such health emergencies and disasters.

In the light of the earthquake and tsunami of 26 December 2004, what has been achieved by countries in the area of emergency preparedness and response and risk and disaster management in general was put to the test. As such, it is important to take stock, draw lessons and discuss concrete steps to improve the capacity of Member States and that of the Region as a whole in emergency preparedness and response.

2. EARTHQUAKES AND TSUNAMIS OF 26 DECEMBER 2004

2.1 The Tsunamis Disaster

The tragic earthquakes and tsunamis of 26 December 2004 was arguably the worst natural disaster in recent times. This devastated and severely affected six of the Region’s 11 Member States – India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand. The aftermath of the crisis posed public health, management and logistical challenges that shaped much of the Region’s emergency preparedness and response work during the first quarter of 2005.

In all tsunami-affected countries, the national and local health authorities in conjunction with various agencies in the government provided immediate response and relief after the event. It was through national systems, its structures, and coordinating mechanisms that the pressing health needs of survivors were met. Most, if not all, NGOs, UN agencies, donor groups and other humanitarian actors worked within the framework set by national authorities.

Every national health system has a different set of mechanisms and system to respond to emergencies. In some, it is decentralized while in others, control and command rests with national health authorities. The roles that other government agencies (apart from ministries of health) such as the military, both national and international, the private sector and media played to assist in the delivery of health services also varied.
2.2 **WHO Response to Tsunami**

The Regional Office, jointly with WHO-HQ, conducted response operations to address the needs of the affected population. Financial resources were mobilized, including emergency health experts, which were deployed to the worst-affected countries. More importantly, Organization-wide efforts to support the establishment of operational platforms in the affected areas were made. With such efforts, WHO worked with the health authorities and humanitarian actors to better assist in coordination, needs assessment, filling gaps and capacity building. The work was coordinated by a Tsunami Operations Group with various cells coordinating human resources, information and technical needs in the Regional Office. Vaccines and life-saving drugs were mobilized; laboratory strengthening was supported through reagents and technical assistance; mental health was recognized as a serious public health problem very early following the crisis and interventions through community-based strategies were employed. During the response phase, SEARO also prepared and disseminated guidelines on various technical topics.

2.3 **Discussions at Regional and International Levels**

The Regional Office convened a coordination workshop on 1-2 March 2005 in Delhi. The workshop enabled WHO country office staff and national staff from tsunami-affected countries to understand better the process of implementation of the Flash Appeal, while reviewing the implementation of the workplans and to develop better strategies on how to proceed with implementation of the workplans in the next six months.

Thereafter, in May 2005, WHO convened an International Conference in Phuket, Thailand, on the health aspects of the tsunami disaster, where international experts, from both within the Organization and outside, deliberated on lessons learnt during the immediate health sector response and during the early phase of recovery and rehabilitation. Countries affirmed their willingness to be better prepared for major disasters and to invest in building stronger response capacity. Several key areas were identified for improved health sector response to disasters, including prompt assessment of health status of the people and their needs when a disaster strikes, and use of standardized methods in a unified and consolidated post-disaster assessment in order to avoid duplication.

The following is a summary of the presentations made and the lessons learnt:

**India**

The Tsunami experience spurred a shift in the government’s perspective to invest more in preparedness. The creation of a National Disaster Management Authority, together with the proposed passage of the National Disaster Management Bill are the concrete legislative and executive steps that have introduced preparedness at all administrative levels of government. Further, the focus of these new institutions will be capacity building for community resilience. This is envisaged to strengthen the base of prevention, response and recovery and preparedness activities - the people themselves. With such mechanisms in place, better coordination and well informed and quicker decision-making can be expected.

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1. Extract from the presentations of Country MoH Representatives to the WHO Conference on the Health Aspects of the Tsunami Disaster, held last 4-6 May 2005, Phuket Thailand in Session 1.2 : National Health Perspectives
2. Extract from Presentations of Country MoH Representatives to the WHO Coordination Workshop for Tsunami affected Countries 1-2 March 2005, New Delhi
In the health sector, integration of efforts to strengthen primary health care and to make community hospitals more oriented to risks and hazards the communities face, can lead to better trauma care and integrated disease surveillance. These are key services in any emergency.

**Indonesia**

There were several response actions that were well organized during the tsunami such as rapid deployment of staff; response teams and units from the national authorities conducting rapid needs assessment; national level coordination of national, UN, international and bilateral organizations; activation of 24-hour operations in the MoH, and restoration of public health services such as surveillance, there were aspects that needed improvement. Specifically, these were coordination of a large number of national and international organizations; addressing water and sanitation needs and providing appropriate temporary shelters for the displaced; coordination between various levels of administration; logistics management, and strategic emergency planning.

In view of these experiences, steps to strengthen what is in place and address gaps have been looked into and acted upon. First and foremost is the development of health emergency brigades that are community-based. These brigades will be closely linked to both local and national authorities with clear lines of command and control. Capacity building of human resources, establishment of emergency information management, communication systems and logistics are also priorities that have been identified that need action. Coordination mechanisms for various actors (e.g., military, national and international organizations) in the humanitarian environment are also being addressed.

**Maldives**

The absence of a comprehensive preparedness plan when the tsunami struck highlighted the need for such a tool during an emergency. In spite of such gaps, the government was quick to react and establish its National Centre for Disaster Management to cope with demands for delivering the needs of the affected population. Public health issues were also addressed.

Specific public health issues that need to be addressed further in the light of emergency needs include: water and sanitation, mental health, environmental health, reproductive health, nutrition and food safety. Capacity building in these areas of public health is a priority concern. Water and sanitation is a special priority and must be planned for in emergencies due to the geographical and geological characteristics of the Maldives.

Apart from specific training needs, tools such as protocols, reporting systems, contingencies for transport and communications and general awareness and community consciousness on disaster and emergency preparedness are key issues for the MoH and the Government to address.

**Myanmar**

Although not as severely affected by the tsunami, the work of central, state and district health authorities in addressing the emergency covered all public health priorities.

Myanmar has also outlined a number of challenges and issues that need to be addressed to improve preparedness and response in the health sector. Training, logistic support systems, technical capacity and infrastructure were among the issues specified
that need improvement so that future disasters can be managed better. Community empowerment is also highlighted as one of the key factors that needs focus if the efforts for preparedness and response are to be sustainable.

**Sri Lanka**

Sri Lanka has an effective health system and the tsunami challenged and tested its resilience. The comprehensive response from the health sector was apparent in various activities in disease surveillance and water and sanitation, mental health among others. However, some of the needs expressed were:

- an early warning system (both community-based with links to media);
- an organized and well-equipped rapid response system which includes guidelines and protocols
- a more comprehensive national disaster plan which includes: clear lines of authority for command and control; Pre-arrangements with various sectors (e.g., military, media) and institutions; organized multisectoral teams; physical assets to conduct emergency operations work

These are issues that will be addressed in the long term.

**Thailand**

Key lessons outlined by the Thailand experience were:

*Leadership:* engagement of the leaders of the country in the response assisted and facilitated the efficient response of all government institutions and partners, specifically the community;

*Well developed health systems and infrastructure:* A health infrastructure that is prepared for a huge influx of patients, or can withstand the strength of natural hazards is the key to reduce morbidity and mortality. So is investment in human resources. Training of people in the FETP programme ensured that the human resources component to manage an emergency surveillance system functioned rapidly, and

*Good Networking:* This relates to the health system as well. If the existing health facilities are networked well in terms of referral systems and resources, then the needs of an affected area can be addressed efficiently.

However, the areas where improvements can be made are: the management of dead bodies; information and communication systems, and coordination mechanisms.

Indeed, the Phuket Conference highlighted the importance of national preparedness and capacity building especially at the community level. Aspects of public health that were often neglected – water and sanitation, mental health, reproductive health and gender issues, mass casualty management and management of dead bodies - need to be addressed with more attention in preparedness efforts. Coordination mechanisms (including logistics and information management) need to be strengthened and include various partners such the military, the private sector, the media and voluntary organizations whose work is central to any emergency. Funding policies of donors and those of governments need to be reviewed. Overall response and preparedness efforts should be in line with benchmarks and ethical practice.
3. WHO RESPONSE TO NATURAL DISASTERS AND EMERGENCIES

3.1 South-East Asia Policy-making Bodies

In recent years, Emergency Preparedness and Response has been discussed at various
governing bodies of WHO. The topic was discussed, at length and in depth, at the
Technical Discussions, held during the 41st meeting of the Consultative Committee for
Programme Development and Management (CCPDM) in 2004. These deliberations
emphasized that emergency health preparedness was a cross-cutting issue that should
be mainstreamed into health and development activities. The recommendations by the
Technical Discussions group were endorsed by the 57th Regional Committee the same
year, vide its Resolution SEA/RC57/R3. This Resolution urged Member States, inter alia,
to strengthen the development of national policies, legislation and programmes on
emergency health preparedness and risk management; strengthen the Ministries of
Health to take the lead in coordinating actions for preparedness and response; enhance
the capacity of the health sector and other key institutions for better emergency health
preparedness in risk planning and management, risk communication, information
management and emergency management, and support key activities such as mapping of
resources, involving communities and collaborating with various sectors and mobilizing
resources.

It is to the credit of the Member States of the Region that they have made notable
progress in implementing the above resolution. India is preparing draft legislation for
disaster management and preparedness. The Maldives is strengthening the National
Disaster Management Centre together with a comprehensive National Response Plan.
Myanmar is focusing on institutionalizing disaster/emergency management in the Ministry
of Health. In Indonesia, a component of the flash appeal is to be devoted to strengthening
existing health sector response and other aspects of emergency preparedness. As
mentioned in the summaries of various country experiences, Thailand and Sri Lanka are
looking at specific aspects they can strengthen within their health system to better address
emergencies. In Member Countries which are without a national health
emergency/disaster management programme, viz., Bhutan, Maldives, Timor-Leste —
health sector risk assessments are the main activities in the workplans, both for 2005 and
2006-2007. These are expected to strengthen the case for institutionalization of disaster
preparedness in the Ministries of Health of these countries. This is a positive development
and is receiving full support from the WHO Regional Office and the Country Offices.

3.2 World Health Assembly Resolution

The recent World Health Assembly also passed a resolution on Health Action in Crises
with the focus on the earthquakes and tsunamis of 26 December 2004. In this resolution,
the same message echoes for national capacity building in preparedness and response.
The resolution also urges Member States to formulate disaster preparedness plans and
pay more attention to gender-based violence as an increasing concern during crises. At
the same time, WHO has been urged to strengthen its capacity in this area to better assist
national and local health authorities in their need for preparedness and response to
emergencies. The resolution calls on WHO to provide assistance in early warning of
disease outbreaks, improve access to clean water and sanitation, and increase the
availability of health care for people's physical and mental health.
4. POINTS FOR CONSIDERATION

From the various lessons learnt from this disaster and the Regional Committee and World Health Assembly resolutions common needs and action points have been identified for WHO and Member States. The following are some actions that can be applied to health systems in Member States:

(a) There is a need for efforts and resources to prepare the health sector and strengthen physical infrastructure which can mitigate the impact of disasters, and provide the platform for a rapid, effective response. This emphasizes the importance of preparedness and response capacity at community and local levels. The health sector is expected to educate the public on the means to assess health risks; how to prepare for and cope with disaster, and on the myths - and truths - about the health consequences of disasters. A prepared health sector can mitigate the impact of disasters by reducing avoidable deaths, injuries and illnesses; anticipating population displacements; establishing disease surveillance systems; managing and preventing psychological and psychosocial problems; planning for food shortages and nutritional deficiencies; monitoring for diseases due to environmental health hazards; preventing damage to health facilities and other infrastructure, and anticipating and minimizing disruption to routine health services.3

(b) Institutionalization of the Emergency Preparedness and Response (EPR) Programmes within Ministries of Health is key in making all efforts in disaster management in the health sector sustainable. Furthermore, for preparedness, response, recovery and rehabilitation efforts to be effective and better coordinated, these units of EPR in ministries should be placed under the management of high level offices as these are cross-cutting issues. Such organizational structures have been found to be effective in countries in the Americas and Asia.

(c) Efforts in achieving this may be more efficient using multisectoral, regional and intercountry collaboration. The Asian Disaster Preparedness Centre is one such institution through which WHO can facilitate these regional and intercountry activities. There may be more institutions and organizations which can be identified so that the knowledge and experiences of the tsunami and other emergencies can be used to improve various systems that are in place in countries.

3 From the WHO Health Aspects of the Tsunami Disaster Conference Proceedings