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## Response and recovery activities in countries affected by the earthquake and tsunamis of 26 December 2004

Tsunami recovery and rehabilitation activities ongoing in countries are now more focused on medium and long-term needs.

WHO Country and Regional Offices continue to support Member States in these efforts and in long term strategies for strengthened emergency preparedness and response.

### Key Issues:

- Progress on recovery and rehabilitation activities are significant especially in the following areas:
  - capacity building for various public health interventions such as communicable disease control and surveillance, mental health, environmental health, management of the dead and missing
  - support for improved coordination and management through logistics strengthening and revised planning
  - community-level interventions in particular for environmental and mental health
- Integrating preparedness, prevention, mitigation is crucial to recovery and rehabilitation
- Efforts towards capitalizing on the lessons of the Tsunami continue and have been proven in recent emergencies in particular

This paper is submitted to the Health Ministers' meeting for their information.



1. In response to the earthquake and tsunami of 26 December 2004, countries and stakeholders including WHO have conducted response and recovery activities to address public health needs. This paper provides some information on WHO's initial response and on-going activities in tsunami-affected countries.

## **Tsunami-affected countries in the South-East Asia Region**

### **Indonesia**

2. In one of its most extensive operations, WHO supported the government during the relief and recovery phase in many areas. These included carrying out preliminary assessment and coordination of the health sector activities; deployment of health personnel and provision of supplies and equipment; setting up of the health information, surveillance and early warning systems. Technical support was provided in various areas like water quality and environmental sanitation, mental health, health care waste management, reproductive health and nursing services. Communicable disease surveillance and reporting systems worked effectively and successful vaccination campaigns for measles and polio were conducted. Training and augmentation of medical supplies strengthened the capacity of the health system to respond better to the crisis.

3. On-going work and future directions include the following:

- Building community-level capacity in mental health and developing a new mental health service delivery system
- Training and procurement of essential equipment for the health care waste management project
- Further planning and assessments with MoH and stakeholders for further needs in rehabilitation

### **India**

4. The work done by the WHO country office in India was at the request of and support for the Ministry of Health and covered various aspects such as coordination and liaison; providing support to fill in gaps; addressing public health needs; normative functions and capacity building. Twenty-eight WHO technical guidelines were provided to the Central Government, the state governments and other partners, on a range of health subjects.

5. WHO supported upgrading of hospitals like the Nagapattinam General Hospital which were severely damaged. Twelve disease surveillance units have been established and no outbreak has been reported throughout this response and recovery phase. Training of trainers for psychosocial support was also supported. Environmental sanitation projects have been established in affected areas. A project to assess the changes in drinking water quality after the tsunami is being launched in the coastal areas in seven affected districts of Tamil Nadu, in collaboration with the Tamil Nadu Water and Drainage (TWAD) Board. Technical assistance was provided to the district authorities for water quality testing, waste management and hygiene education.

6. The web-based e-publishing, documentation and knowledge management facility that was established for the Department of Health, Tamil Nadu, has been found useful for all public health information dissemination requirements.

## **Maldives**

7. The highlight of WHO's tsunami response has been the strengthening of national capacity and the quality of the health system. This has been marked by significant achievements in the area of human resource development. A total of 684 health staff have been trained either in the country or in the Region. The training covered a wide range of areas such as mental health, pre-hospital trauma and emergency care, epidemiology and communicable disease surveillance, emergency preparedness, water quality testing and survey, and management.

8. On-going work and future directions include the following:

- Renovation of medical stores and warehouses and development of a supply management system.
- WHO will continue to support the MoH in the area of communicable diseases surveillance and control. The threat of vector-borne diseases like dengue and measles have increased and would require continuous monitoring and timely intervention.
- WHO will support the government to strengthen the policy framework and planning instrument for more effective emergency preparedness and response.

## **Myanmar**

9. WHO participated in two UN assessment missions, and provided technical support to the health sector. Initial support focused on reducing the risk of disease outbreaks and morbidity. As part of this effort, five sets of emergency health kits (each kit sufficient for 10000 people for three months) were provided to the Ministry of Health along with 22680 treatment courses of antimalarial drugs. Disease surveillance in affected areas was strengthened and to increase national capacity in disaster management, several workshops and training sessions were held on emergency preparedness and disaster management. At present, WHO is providing technical support for strengthening emergency preparedness and response and helping set up and equip the Operations Room within the MoH to respond more effectively to future disasters.

## **Sri Lanka**

10. Work completed in Sri Lanka under the Tsunami project includes, among others: revitalization of health facilities through replacement of essential medical equipment and supplies; development and adoption of a new mental health policy and strengthening of communicable diseases surveillance including laboratory capacities.

11. On-going work and future directions include the following:

- Project monitoring and reporting – The WHO country office is currently assisting the government to establish a monitoring and reporting system using household

level data to assess the impact of tsunami recovery. The indicators for use have been agreed upon. Besides, they are currently field-testing the monitoring checklist for public health aspects in transitional shelters.

- The WHO country office is also operationalizing the disease surveillance system with MoH in several hospitals in tsunami-affected districts.
- Activities on water quality and basic sanitation have been discontinued as of end-January 2006. Other health protection and disease prevention activities such as strengthening surveillance and laboratory capacity; communicable disease control, psycho-social and mental health etc are being progressively absorbed in the regular programmes.
- WHO will continue to support coordination of the health sector and health promotion. IEC activities will focus on promotion of mental health policy and risk communication for avian influenza and dengue.

## **Thailand**

12. The country's previous experience with SARS had ensured that it had good surveillance systems and trained human resources. The Ministry of Public Health deployed surveillance and rapid response teams, and within a week, emergency disease surveillance systems were also functioning in the affected areas.

13. Thailand requested WHO support for management of dead bodies and in the mental health area. WHO also played a supporting role in strengthening of a project on Medical Care and Rehabilitation of the Elderly. The country's system of village health volunteers served as a model for provision of psychosocial support to the Tsunami-affected people. More than 700 000 village health volunteers were mobilized for community-based psychosocial support.

14. At present, WHO is playing a supporting role enabling the government to undertake study tours to further strengthen the national capacity on management of the dead and the missing. This includes forensic identification of dead bodies and augurs well for installing capacities and expertise that can be tapped for any emergency in the Region.

## **Conclusion**

15. The momentum of work should continue to ensure further strengthening this area. The gains of the activities conducted during the response and early recovery need to continue to maintain the cycle of better preparedness, mitigation and prevention.

16. There is also a need to continue to document and learn from past experience. Indeed, the work during the response, recovery and rehabilitation phases has been well documented, studied and discussed. Several meetings, at the national and international levels, discussed the lessons learnt from the tsunami. These include the January 2005 Hyogo Framework Convention, the WHO meeting on the Health Aspects of the Tsunami Disaster in Asia, held in Phuket in May 2005, and the Regional meeting on Health aspects of Emergency preparedness and Response, held in Bangkok in November 2005. At the

Bangkok meeting, 12 benchmarks for emergency preparedness and response were developed, and countries in the Region which achieve these benchmarks can be considered reasonably prepared for a disaster.

17. In culmination, to consolidate the lessons and turn them into action, a Regional Consultation was held in Bali from 27-29 June 2006. At this meeting, conclusions of key deliberations proved that the tsunami had many lessons which had already been addressed. For example, there is legislation and plans in place in many countries and revision of national coordination mechanisms for disaster management are being considered. The earthquake in Yogyakarta was a case that showed that the response was more efficient due to the many systems were put in place after the Tsunami as part of preparedness. The discussions also indicated that considerable progress had been made on the benchmarks developed by countries at the Bangkok meeting in November.

18. A Declaration adopted at the Bali Meeting emphasized the commitment to the lessons learnt from the tsunami. The Declaration urged Member States to capitalize on the lessons learnt from recent emergencies by systematically capturing, documenting and exchanging examples of progress achieved and translating these into best practices for reducing disaster vulnerability. Other concrete suggestions included developing regional teams and developing coordination, community and funding mechanisms that can be tapped and deployed for any emergency. These are efforts that, collectively, WHO and the Member States can support, promote and advocate for strengthened country capacity in the area of disaster risk management.