Coordination Meeting for Tsunami-Affected Countries

Opening Remarks

by

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Colleagues,

Representatives from the Ministries of Health,

Ladies and Gentlemen,

- It has been more than two months since the Tsunami Tragedy on the 26th of December 2004.

- This unprecedented disaster has left countless dead; millions more are homeless, with lives shattered.

- The Tsunami destruction extended to four out of six regions of WHO, the most affected being South-East Asia.

- The affected areas in this Region include:
  - Indonesia, primarily in the Aceh province;
  - Sri Lanka in its North, East and South Coasts;
  - India, particularly the State of Tamil Nadu, and the Andaman and Nicobar Islands;
  - Thailand’s six provinces in the South;
  - Maldives; and
  - Myanmar.
I would like to briefly inform the meeting that in response to this disaster, a Tsunami Task Force was immediately established in the Regional Office, and our Operations Room was activated to function round the clock.

Since then, the Task Force has been operating in close coordination and consultation with the WHO Headquarters Health Action in Crises team.

During the emergency phase, daily teleconferences were held among affected countries, Headquarters and the Regional Office, to ensure consistent communication, joint decisions and coordinated efforts.

Satellite communications were established in the WHO country offices in India, Indonesia, Sri Lanka and Thailand; and in the field offices of Banda Aceh and Meulaboh in Indonesia.

Wireless connectivity has been established in the field offices in Sri Lanka.

In all affected countries in the Region, Operations Rooms were organized in WHO Country Offices.

During the early phase of the crisis, priority attention was paid to the provision of technical advice and guidance; in addition to sending emergency teams to the affected areas on the request of the countries.

Technical guidelines and manuals were compiled, updated and disseminated widely for use by emergency teams in the field.

These technical materials have also been found very useful by other agencies operating on the ground.
• To ensure our capacity in the field, in addition to WHO emergency staff, WHO field staff from other programmes, were also immediately deployed to the affected areas.

• Necessary medical supplies, such as drugs, antibiotics, water purification tablets and vaccines were provided.

• What is clear in dealing with these crises at the country level is that the response of national authorities was remarkable, prompt and really effective.

• The local communities have demonstrated an outstanding resilience in this event, and I would like to pay tribute to the national authorities as well as the concerned communities for their very commendable efforts.

• The work of WHO in responding to this emergency situation has been possible only with the close cooperation of national and local authorities.

• All WHO offices worked as one team in synergy with the efforts of the Member States and various partners.

• The first 100-day emergency strategy was chalked out and implemented with the combined endeavours of many agencies, national partners in the government and nongovernmental sectors.

• This strategy focused on five priority needs of the affected areas:
  
  o Surveillance and response, including early warning systems to prevent disease outbreak;

  o Coordination of health activities for the efficient relief operations;

  o Ensuring access to essential health care for the entire affected population;
• Provision of technical advice and guidance on critical public health issues arising from the crises;

• Coordination and restoration of medical supply chain for smooth functioning of health care systems.

• WHO, in coordination with national and local authorities, has developed workplans to address the challenges during the coming months.

• WHO’s current objectives for supporting the concerned governments in responding to the tsunami crisis are:
  
  o Supporting partners in the government in implementing effective public health action;

  o Ensuring quality, coverage and accessibility of primary health care services;

  o Coordinating and networking different groups that contribute to the provision of health services to the affected population; and

  o Supporting the rehabilitation and reconstruction of health services infrastructure in the affected areas.

• To ensure the efficiency of the WHO inputs to the emergency operations, teams of WHO senior staff were formed to carry out a quick assessment of WHO performance on the ground.

• This was, among other things, to look into the issues relating to the coordination among WHO staff members and WHO coordination with other agencies, in the field.

• In addition, WHO is acting as the health arm of the United Nations system operating in countries in response, recovery, and rehabilitation activities.
Ladies and Gentlemen,

- We have organized this meeting to take stock of the events and activities of the previous months with the view to analysing our past experiences.

- We are well aware that during the past two months of emergency operations, there might have been a number of unintended flaws and deficiencies in our hasty actions in trying to help save peoples’ lives and alleviate suffering of the affected population.

- Now, we would like to gain a better understanding of the situation past, present and future in order to move forward more smoothly in supporting the affected countries more effectively during the next period.

- And, most important, we would like to have your views on how WHO can serve the countries better during the rehabilitation and reconstruction phase.

- At the same time, we would also like to know about their own efforts, and how the countries tackled the crises during that emergency period.

- This will be very useful information for WHO to strengthen its EPR programme.

- Together, we will review WHO’s role at the country level in the Tsunami relief operations and in the initial phase of rehabilitation and reconstruction; in particular, the commitment to the implementation of the country workplans of the flash appeals.

- In this exercise, the needs of the affected population must remain our priority concern.

- Given the sheer magnitude and scope of this catastrophe, no agency can carry this mission alone.
• And this had been clearly evident.

• Never before, have the organizations of the UN system demonstrated such spontaneous solidarity in responding to the immediate needs of affected countries during a crisis.

• This happened with unity, professionalism and speed.

• I may say that every disaster presents opportunities to both the countries and international agencies to strengthen their capability and capacity in this regard.

• We must move in a more co-ordinated manner in responding to the need for enhancing the capacity of the health sector of Member States in the area of emergency preparedness and response.

• In this process, we have to ensure the empowerment of communities and people to respond more efficiently and effectively to the emergency situation on the ground.

• I know we still face a huge challenge, but I am convinced that we will succeed through our united efforts for long-lasting benefits to the affected population.

• WHO will provide full support to countries in identifying the existing gaps, and coordinate with the national authorities to fill those gaps in the health areas.

• I hope this meeting will clarify and resolve the issues we have faced together in the implementation of our joint plans for the Tsunami relief and rehabilitation.

• I look forward to our productive discussions during the course of the meeting, and to the successful conclusions.

• Thank You.