A Comprehensive Evaluation of the World Health Organization South-East Asia Regional Office Response to the Tsunami of 26 December 2004
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This evaluation could not have been done without the full participation of WHO SEARO staff, both in Delhi and the SEAR countries that were affected by The Tsunami. The evaluation team wishes to thank all of them for the time they allocated to us. At no time did anyone refuse to meet with us and participate in the evaluation. Everyone was willing to share their thoughts and ideas with us and to take time away from other tasks to do so. Ministry of Health staff in all the countries responded in a similar manner. This says much for how they view SEARO, not only with respect to The Tsunami, but also other areas of work as well. Within SEARO the sense of teamwork was evident, although sufficiently self-critical to provide an objective view of the events. The evaluation team wishes to particularly express thanks to Dr Samlee Plianjangchang, the SEARO Regional Director, and Dr Poonam Khetrapal Singh, the Deputy Regional Director, for their initiative and for making themselves available to us as much time as they did. The SEARO EHA team was especially supportive and forthcoming and made the task and the process of evaluation all the more straightforward.

Manuel Carballo
1. EXECUTIVE SUMMARY

The Tsunami that hit countries in the Indian Ocean at the end of December 2004 was a tragic reminder that both natural and man-made disasters appear to be occurring with increasing frequency and that when they do occur, the scope of their impact now tends to be more far reaching than ever before.

Disasters vary in origin and character. Hurricanes, floods and earthquakes are natural in origin and have a relatively acute onset. Their primary impact is also relatively short. Other natural disasters such as drought and desertification have a more gradual onset and their impact tends to be felt longer. Disasters can also be of a man-made origin, and can have both a gradual onset such as in the case of conflicts or a more sudden onset such as with industrial accidents. All disasters cause excess mortality and morbidity, disorganise society and family life, displace large numbers of people, and create new types of human and social vulnerability. Over the long term they also have the capacity to impair national, social and economic growth and set back the attainment of human security.

Experience with disaster response has evolved and over the past twenty years there has been an accumulation of new knowledge about how best to respond to disasters of different kinds. The number of national and international organisations working in the field of disaster response and mitigation has also grown and within the UN, disaster prevention and relief has assumed a new level of priority.

The Tsunami of 26 December 2004 was one of the largest natural disasters in recorded history. It affected at least seven countries, killed over 250,000 people, produced mass widespread injury and longterm disability, forced at least one and a half million people from their homes, and severely disrupted the social, economic and health infrastructures of the areas that were most seriously hit.

The Tsunami also prompted one of the most massive relief efforts the world has ever seen. Pledges to the relief and reconstruction effort exceeded US$15 billion, and at least two thirds of those pledges materialised in the six months that followed.

As the UN agency responsible for global health, WHO was called on to provide the technical and coordinative leadership in the health relief response to the disaster. The WHO Regional Office for South-East Asia (SEARO) led what became the largest relief effort for which WHO has ever been responsible. SEARO responded quickly and was able to mobilise and successfully coordinate a broad program of support to countries. Its work has become an important milestone for WHO and now provides important insights and avenues of action for the future. By the end of the first week an operations room had been set up and country missions had been initiated to the countries concerned about The Tsunami. A Flash Appeal was successfuly prepared with the assistance of WHO/HQ.
Given that this was the first multicountry natural disaster of such magnitude to be taken up by SEARO a number of challenges emerged to the routine, day-to-day operation of the organisation and management of the disaster relief operation.

Not all the relevant program areas within SEARO were included in the same way or to the same extent, and as a result of this, some technical thematic areas were not given as much prominence as might have otherwise been the case.

In addition, some of the program areas were more burdened than others. This problem was especially prominent—but not limited to—the area of administration. WHO/HQ in Geneva provided essential support to SEARO, but at times, its activities were not always well synchronised with those of SEARO, thus creating an additional administrative load on SEARO staff in Delhi and the field.

The magnitude of The Tsunami disaster and the public health response that was required to manage its impact also raised (once again) fundamental questions about how WHO should respond to natural and man-made disasters. Two schools of thought continue to persist. One argues that the mandate and responsibility of WHO relates to its technical contribution; providing guidelines, technical advice, training and standards. The other argues that WHO has an operational role and that if it is to have credibility among its partner UN agencies and the NGO sector, it must be involved in the implementation of actions that build on, but also expand beyond its purely technical capacity.

In a world where public health needs are increasingly being affected by disasters of one kind or another and by rapidly changing social conditions, it will be important for SEARO to consider these options and lay out a course for itself that best meets the needs of countries and its own needs and competencies.

No matter what direction is taken by SEARO and WHO in general, however, major lessons can and should be learned from the WHO/SEARO experience with The Tsunami. SEARO and its Member States are in a unique position to provide technical leadership in the region and globally on how to prepare for, and respond to, natural disasters. This knowledge and experience deserves to be institutionalised and systematically made available to other WHO Regional Offices as well as countries in South-East Asia and elsewhere through documentation, training, policy workshops and distance learning.

There are also lessons for SEARO itself with respect to the structure and function of the Office. Disasters of one kind or another are likely to continue occurring and challenging countries in the region and hence SEARO’s operational capacity.

To prepare for these eventualities will call for a strengthening of SEARO’s staffing patterns, organisational mode and structure, and its internal coordination. It will also call for attention to enhancing SEARO’s capacity for mobilising external support for its work.
2. INTRODUCTION

On December 26, 2004, a 9+ Richter scale earthquake occurred off the coast of northern Sumatra precipitating a Tsunami that devastated coastal areas in eight countries situated along the Indian Ocean, and caused one of the largest human disasters ever recorded.

Six of the countries that were affected, India, Indonesia, Maldives, Myanmar, Sri Lanka, and Thailand are Member States of the WHO South-East Asia Regional Office (SEARO) in Delhi. Thus, it was SEARO, within the WHO system to which responsibility fell for leading the health response. Over the months that followed, SEARO mounted the largest public health relief and reconstruction efforts ever undertaken by WHO. Prior to this, there had only been one other humanitarian relief effort of comparable size, namely that of the European Regional Office in the war in former Yugoslavia

2.1 SEARO and natural disasters

Disasters, both natural and manmade, are not new to South-East Asia or to SEARO. In recent years, the region as a whole has experienced a number of major natural disasters, and SEARO has actively participated in the humanitarian relief response.

The Gujarat earthquake in India and the on-going famine in the Democratic People’s Republic of Korea are but two examples of major natural disasters that have tested SEARO’s capacity in this domain, but also provided it with a body of knowledge and experience that was evident in its response to The Tsunami. Over the course of recent decades the Region has also been exposed to a number of conflicts of varying intensity in East Timor, Sri Lanka, Indonesia and more recently, Nepal. The implications of these for the health sector, including the allocation of resources and the delivery of services has been significant. This instability has also inevitably affected the way in which the response to The Tsunami was managed both at a national and an international level.

Over the years WHO’s role in emergencies has changed, recently becoming increasingly involved in operational responses as well as providing technical guidance and support to countries. It is still not clear, however, whether the mandate of the Organisation will be extended to formally cover operational work.

2.2 WHO/SEARO and Ministries of Health

Among all international agencies, whether UN or NGOs, WHO’s relationship with the Ministry of Health in its Member States is perhaps one of the best examples of how UN agencies and governments can cooperate and be mutually supportive.
Historically this relationship has meant that WHO has always been in a unique position to work with countries in taking the pulse of national health condition situations. This includes overseeing the evolving health structural and health system needs of countries, the changing epidemiology of health problems, and the ways in which countries are able to respond to them. Over the years, this relationship has also meant that within national health policy decision-making, WHO has enjoyed a degree of trust not necessarily available to all other agencies. In the response to The Tsunami, this relationship allowed WHO to play a role that others could not play, but at the same time also meant that the work of WHO may have been overly influenced by the position of national authorities in ways that the work of other agencies has not.

2.3 Evaluation of SEARO role and impact

This evaluation was requested by the Regional Director of SEARO with a view to understanding how SEARO took up the challenge of responding to The Tsunami, how its response was structured, what projects it mounted, how they were received, what impact they had, and what lessons have been learned. The purpose of the evaluation was also to contribute to the accumulation of knowledge on ways in which international organisations can work with governments in future relief and mitigation efforts.

2.4 Evaluation approach

The evaluation was carried out between November 7 and January 15. It involved: (a) briefings by senior staff in SEARO in New Delhi, (b) discussions and interviews with staff in operational and technical offices in SEARO, (c) reviews of available reports and internal documents, (d) visits to countries to meet with Ministries of Health and SEARO country staff.

The evaluation took into account the fact that a number of other UN agencies also mounted responses to The Tsunami and that other evaluations were also being carried out simultaneously.

Of most direct relevance were two other evaluations, namely the one being carried out by The Tsunami Evaluation Committee (TEC) and the one being conducted by the Global Consortium (GC).

2.5 Evaluation team

The evaluation team was headed by Dr Manuel Carballo (Executive Director, ICMH) and Professor Nuntavarn Vichit-Vadakan (Dean of the Faculty of Public Health, Thammasat University). It included Professor Marc Van der Putten, Ms Sage Hyman and Ms Visra Vichit-Vadakan of the Faculty of Public Health, Thammasat University, and Mr Bryan Heal of ICMH.
3. METHODOLOGY

The evaluation was constructed in four phases.

Phase I: (a) review of planning and operations documents and reports provided by EHA, which included SEARO and country work plans for The Tsunami Response and Recovery, WHO guidelines, Government strategies, initial assessments reports, situation reports, technical and financial reports; (b) detailed briefings by Dr Poonam Khetrapal Singh, Deputy Regional Director (DRD), Dr Luis Jorge Perez and Dr Roderico Ofrih (EHA), Dr Qudsia Huda, Tsunami Operations Manager; Mr Arindom Mookerjee (Resource Mobilization Tsunami Operations Team); (c) interviews with staff from operational divisions such as the Indonesia Desk Officer (Dr Young Ah Ku), Planning and Programme Development (Dr Mark Brooks and Dr Lin Aung), Finance (Mr Daniel Walter and Mr Jagdish Mittar), Public Information and Advocacy, Information Management Systems (Ms Jyotsna Chikersai); (d) interviews with staff from technical divisions such as Water and Sanitation (Mr Han Heijn), Communicable Diseases Control (Dr A S Abdullah, Dr Asheena Khalakdina, Dr KB Kandebura), Non-Communicable Diseases and Mental Health (Dr Vijay Chandra and Dr Rajesh Pandav), Reproductive Health, and staff at HAC/HQ.

Phase II: Formulation of data collection protocols used to guide interviews with (a) SEARO EHA country staff, (b) WHO Country representatives (WRs), and (c) Ministry of Health staff. The evaluation team interviewed EHA and country representatives while at the SEARO meeting in Bangkok, and team members later went to four of the countries that had been affected by The Tsunami, namely India, Indonesia, Sri Lanka, and the Maldives. Since part of the evaluation team was based in Bangkok, they were able to meet with the WR and MoPH staff in Thailand.

Phase III: The final report was prepared in draft by Professor Manuel Carballo, Professor Nuntavarn Vichit-Vadakan and Professor Marc Van der Putten with the help of Ms Visra Vichit-Vadakan, Ms Sage Hyman and Mr Bryan Heal. Selected SEARO staff reviewed the first part of the report during a meeting in Delhi on 17-18 January 2006.

Timeframe: The evaluation team was approached by SEARO in late October, 2005 and EHA/SEARO began to send documents relevant to the evaluation. These were sent as CD-ROMs and printed material. The team was brought together for the first time in Delhi for briefing and for inception of the project on 7-11 November. It was agreed that a draft of the team's report would be submitted by late December, but this was later readjusted by SEARO to read end of January 2006. Further meetings with relevant SEARO technical and administrative staff were held in April 2006 and based on the draft report that had been sent and circulated among them.

Limitations: Of the limitations that were encountered during the process of the evaluation, the most important was timing. At the end of the year, many SEARO staff were travelling, and the movement of the evaluation team to countries was
problematic, and timeframes had to be changed. It had initially been assumed that the evaluation would begin in November and end in late December, but the contract was later changed to end January for the first draft with a meeting in SEARO in mid-January. Despite the openness and level of cooperation which the evaluation team experienced in all its meetings, there were nevertheless a number of references during visits to countries that there had already been a number of evaluation visits and that another one would simply take up more of the time of country offices. This was justified but at times it gave the team the feeling that they were an imposition.

4. CHRONOLOGY

4.1 Predictability/ unpredictability of disasters

If ever disasters are at all predictable, The Tsunami that occurred on 26 December 2004 was not. In general, disasters tend to catch people by surprise and relatively unprepared for their magnitude and impact. The sudden onset of natural disasters also means there is always a degree of excess mortality and morbidity that cannot be avoided unless elaborate early warning and prevention steps have been taken by the countries and communities concerned. Following a disaster, the main task of organisations is to mitigate the impact as much as possible.

4.2 News of the disaster and response to it

The first news of The Tsunami reaching SEARO senior staff appears to have come from the Maldives when the acting WHO Representative (WR) called the Regional Director in Delhi on 26 December to report flooding in Male. This information from Male in the Maldives was soon complemented by CNN coverage of the disaster in Sri Lanka, India and Thailand.

Evidence of the full magnitude of the disaster began to become more widely available by 28 December, but even then, the main purveyor of information, CNN, had not been able to cover the situation in all the countries, especially Indonesia.

4.3 Contextual factors affecting news and response

A number of relatively unique features of the situation in Indonesia, the Maldives, Sri Lanka and Thailand deserve mention with respect to how SEARO (and other agencies) was able to assist in response to The Tsunami. At the time of the disaster, the civil conflict in the Aceh province of Indonesia had been going on for over 25 years, thus making mobility within, as well as in and out of the province difficult.
In Sri Lanka the crisis in the north-east of the country between the Tamil separatist movement and the government in Colombo had also been on-going for some time and had helped to determine the character of health problems and health systems in the region.

The fact that both Thailand and the Maldives are key tourist areas and tourist economies also meant that the economic as well as the public health implications of the Tsunami were felt internationally as well as nationally. In the case of both Thailand and to a lesser extent the Maldives, the implications of the Tsunami attracted even greater media attention and donor response than might have otherwise been the case. In Indonesia and Sri Lanka, a different set of issues prevailed.

Security, political sensitivity, communication, and access concerns greatly influenced the type and speed of information sharing between the affected areas and SEARO (as well as other agencies).

4.4 Staff response

Because the Tsunami occurred on December 26, which is a holiday for the UN system, many SEARO personnel were on annual leave and out of Delhi and indeed out of India and in some case out of the SEARO region.

The speed with which SEARO staff were contacted and mobilised is thus indicative of the capacity of SEARO to mobilise its personnel in a crisis situation. Within the next 48 hours after the Tsunami struck, SEARO staff were back in New Delhi to assist in the management of the response operations. Thus by Day 2 of the disaster a critical mass of staff was already available and functioning either in Delhi or on-line from elsewhere.

As more evidence of the magnitude of the disaster began to materialise, staff began to return of their own accord and volunteer their time. This and their understanding of the region’s demographic, socio-cultural, and health profile was instrumental in allowing the SEARO response to take shape so quickly.

4.5 Delays

There were nevertheless a number of inevitable delays. It was not easy to establish communication with all the country offices and ministries, and it was also logistically difficult at times to reach staff on leave, and even more difficult for some of them to get back to their duty posts in the immediate days that followed. These delays inevitably placed an additional burden on those staff who were able to get back and in some instances may also have contributed to some initial problems in defining how best to respond to the disaster from the perspective of all of SEARO’s program perspectives.
4.6 Focal points

The focal point for SEARO's response was the EHA (Emergency and Humanitarian Action) unit based in Delhi, in WHO Geneva, where a relief response was quickly mounted as well, leadership was provided by the Health Action in Crisis program (HAC).

Within each of the countries affected by The Tsunami, responsibility fell to WRs and EHA staff, but in almost all cases the SEARO local offices responded as a group. In some cases such as that of Sri Lanka, the SEARO country office also benefited from WHO staff who were on leave in the country, and who immediately volunteered their services. Where there were full time EHA staff in country offices, such as in Sri Lanka and Indonesia, response appears to have been more immediate and consistent, and to have benefited from the experience and knowledge of the staff concerned.

In addition the capacity of SEARO to mobilise EHA focal points from other countries and make them available to the WHO country offices in countries that had been affected stands out for its rapidity and effectiveness, as does the assistance received from other regions such as WPRO and PAHO.

4.7 Nature of response

On 26 December 2004 itself, a 24-hour Operations Room had been established in the Delhi office and staffed by SEARO and HQ staff. Their task was to assist operational activities and communication with countries, HQ, and other parties and the to assist in the preparation of Flash Appeal and the daily situation reports.

Staff in the Operations Room included experts drawn from communicable diseases, surveillance, water and sanitation, health information systems, supplies and logistics, human resources, and external relations.

A Tsunami Technical Group (TTG) was also created to provide guidance to Member States. The TTG included experts in communicable diseases, water and sanitation, mental health, health information, health systems, and was responsible for developing guidelines/tools, defining staff assignments, assisting with procurement of supplies and equipment, and dissemination of information.

5. FACTORS

Designing the most appropriate response to disasters inevitably depends on the type of disaster, the number of people known or suspected to be affected, the time of year and climatic and environmental conditions, the geography and ecology of the area concerned, and the previous disease background and demographic and endemic health profile of the regions and the people involved.
Unless this type of information is available and steps have been systematically rehearsed, the unpredictability of disasters makes it all the more difficult to know how best to respond when disasters do occur. In the absence of good pre-disaster data and pre-rehearsed simulation exercises, responses inevitably must build on assumptions about magnitude, population spread impact, and probable health impact.

5.1 Administrative Issues

5.1.1 The Flash Appeal process

The Flash Appeal process dates back to 1997 when it was proposed at the UN as a way of reducing the competition, duplication and lack of coordinated direction that had often characterized previous relief efforts.

The Appeal mechanism sets out to develop a framework of goals for humanitarian action and a holistic approach that incorporates relief and development. It seeks to address the frequent problem of poor coordination. It especially tries to overcome gaps that exist in the relationship between relief and development. Its objective is to overcome inconsistencies in donor funding for relief and development and facilitate "overall" as opposed to fractionalized relief efforts.

The Flash Appeal is designed to be used within 10 days of the crisis in order to secure timely first-phase funding that if necessary can be followed up by more developed strategic responses.

5.1.2 SEARO and the Flash Appeal

SEARO staff did not have much previous experience with the Flash Appeal process and was helped by the presence of a staff member from HAC, the HQ equivalent of EHA, who came to Delhi for this purpose. The process in SEARO involved the country offices, on behalf of and with ministries, preparing contributions that were then sent to SEARO Delhi for consolidation.

It is not clear, however, if and to what extent HAC previous experiences and priorities influenced the preparation of the Flash Appeal, but there is some suggestion that HQ may have been the final arbiter in this. Certainly involvement by the SEARO Planning Unit, which might have been expected to be actively involved, does not appear to have come until March when the results of the appeal were already operational. The Flash Appeal was prepared in consultation with WHO Country Offices and consolidated with assistance from HQ staff and external relations in SEARO.
As far as the actual implementation of the relief process according to the Flash Appeal is concerned, there is a suggestion from SEARO staff and Ministry of Health personnel that were interviewed, that the Flash Appeal imposed a timing that was unreasonable. The Appeal raised expectations as well as money and some of those expectations were not always realistic. Since the Flash Appeal was constructed on the basis of initial needs assessments conducted by the countries, it did not capture the rapidly evolving requirements. Moreover, the planning model and approach of the Organization did not match framework of the Flash Appeal. As the operations progressed, gaps in the field were identified and a mismatch was thus apparent between what was implemented and what was initially proposed.

Subsequently, the duration of the Flash Appeal was extended twice to accommodate time constraints. This also allowed alignment of activities to the overall parameters of the appeal and needs of the affected population.

5.1.3 Work plans and factors affecting them

By February work plans had been developed by all the SEARO countries affected by The Tsunami and requesting assistance from SEARO. Most if not all of the work plans were based on assessments made by Ministry of Health officials, SEARO EHA staff and WHO country team staff and consultants.

Monitoring of progress with work plans varied from country to country, but SEARO suffered because insufficient attention had been given to setting easily measurable indicators from the very beginning. This is not unusual. Few relief operations or agencies ever seem to give enough time or attention to this issue, but it is an area that calls for more attention in the future.

What role the donors played in the planning process is not entirely clear, but there are indications that in some cases the special interests of donors were strongly represented and backed by funding. It is difficult to say how consistent these donor concerns and interests were with actual needs on the ground. Some SEARO field and Delhi staff played a critical role in bringing together donor priorities and country needs. Although this was not easy, it was essential to ensure that key priorities did not go unattended.

5.1.4 Planning

Planning public health responses to disasters when they occur is never simple because numerous variables exist which cannot be controlled. These include the highly variable impact of disasters on public health, the extent and impact of displacement, the public health impact of displacement, and the ways in which government and other agencies respond.

Planning is nevertheless a key essential ingredient of all public health responses and in the absence of good and sustained planning (including
monitoring of process and progress) there can be little evaluation of interventions.

In SEARO Delhi, the Planning Unit does not appear to have been very involved in the initial stages of the preparation of the UN Flash Appeal. However, it was the planning officers in the WHO country offices that contributed heavily to the construction of the national work plans and the Flash Appeal.

Monitoring is essential in any response to disasters because disasters are not static and the evolution of health needs and response to them must be tracked if interventions, procurement of supplies and allocation of resources are all to keep pace.

SEARO Review Teams were set up to assess and assist Country Offices in the implementation of work plans, but there are suggestions that monitoring focused more on financial allotments and pace of expenditure than on other aspects of the process. While this is positive in the sense that financial allotments also call for careful monitoring, this should not eclipse the broader needs of monitoring, namely the evolving public health and social welfare situation and progress and impact of interventions. In some cases country work plans became seen more as bureaucratic hurdles than as planning and monitoring tools.

5.1.5 Role of HQ

Within the WHO system, the HQ office chose to play a highly visible and proactive role in response to The Tsunami. In addition to helping to mobilise funds, it also became vocal in predicting how the aftermath of The Tsunami might affect the already very high mortality and morbidity in the countries.

Some of the predictions, despite the fact that they were ill-founded, went on to influence the character of country responses, the Flash Appeal, and the way in which donors responded.

From the second day of the disaster the HQ/HAC program established very active contact with countries, including Ministries of Health, WRs, and NGOs. In some countries, this appears to have placed unnecessary burdens on WRs and SEARO EHA staff who were already overworked. In the early days of the response it appears to have also given rise to doubts about “chain of command”

5.1.6 Information technology

Humanitarian disaster response can benefit enormously from progress made in the field of information technology. Strategies, including the ability to move information to and from the field, to donors and to affected people have been facilitated in recent disasters by modern information technology.
There is some suggestion that IT staff was not fully utilized at the very beginning of the process. However, ICT support was well provided to ensure connectivity of countries, RO and HQ.

As the operations progressed, substantial capacity has been built through equipment and technical support to country and field offices which ensured smooth information and communication flow.

On the other hand it goes without saying that IT technology alone is not sufficient and must be supported by a desire by people to communicate, dialogue and share information and experiences.

5.1.7 Budget and Finance

The capacity of organisations to respond to disasters is governed in great part by their capacity to mobilise personnel, funds and commodities. Budget and Finance units are typically central to this process with the technical units responsible for designing and implementing programs.

The emergence of the Flash Appeal process as a mechanism for setting priorities and mobilising funds has become an essential part of the process. A dedicated budget and finance staff was not available in EHA SEARO till much later. Prior to that HAC/HQ provided buffer to the budget and finance unit whose workload was underestimated. The load on Budget and Finance office soon began to experience an overload of work especially given that staff members were expected to not only manage the operation in Delhi but also travel to countries in support of the finance and budget efforts of health ministries and WHO country offices.

5.1.8 Availability of funds

The first available funds (US$5 million from France) did not have a designated project or country where to be directed. This allowed SEARO to take the initial steps required to recruit staff, make site visits, and initiate other urgently needed actions.

Although less than half of all the funds that were received were undesignated, there was sufficient “space” for flexibility, and this allowed SEARO considerable discretion in its selection of priorities. Even so by November approximately 80% of the US$65 million pledged had been received, and almost 80% had been obligated.

Mobilisation of funds is never easy or simple. Both HQ and SEARO Delhi were able to attract donors. In this context two meetings for Donor Agencies held in SEARO, proved to be very useful. The lead in receiving donations was taken by
HQ. The understanding was that funds would be disbursed to SEARO and to
the countries in keeping with standard WHO policy, but in fact raised serious
questions about time and administration. The existing financial and
administration rules were not flexible enough to adjust to the demands of
management of emergency funding.

5.1.9 Accounting

SEARO Budget and Finance office established a separate accounting system
to manage The Tsunami-related funds, and this was clearly a wise move given
the magnitude of the budgets involved and the accounting and auditing load
that the management of these funds implied.

There appears to have been some concern at the fact that issuance of
allotments occurred at the level of WHO HQ and some delays were
experienced.

5.1.10 Financial monitoring

Planning procedures and financial allocations were not always well linked and
at times this led to difficulties in monitoring expenditures in the light of work
plans.

This in turn presented obstacles to better evaluation of efficacy and
effectiveness of the expenditure work plan relationship. This was the case with
the funds given out in the first days and weeks to countries, although at the
same time it is generally accepted that these funds allowed countries to move
quickly in their own response to the disaster.

Although India, Thailand and Myanmar had not requested financial assistance,
SEARO was able to make financial support available. This was a sound move
on the part of SEARO. It allowed countries to initiate actions that would have
had to wait for internal administrative procedures, and was highly appreciated
at senior government level.

5.1.11 Country capacity

The spending capacity of countries varied, and was affected by a variety of
factors including the pre- Tsunami politico-social situation, the logistical
challenge, and the nature of the changing public health challenges.

In the case of Sri Lanka, expenditure was at pace with funding requests.
However, the country at one time found itself unable to meet rapidly evolving
needs. Some categories of expenditure were found to be more than others. An
example was the procurement of vehicles.

In the Maldives the pace and rate of expenditures is considered to have been
sound and to have followed the work plan established for the country.
In Indonesia the pace of expenditure was slower. It remains unclear why some countries were able to spend at much faster rates than others, and this probably calls for further analysis.

5.1.12 Procurement

WHO was not set up as an emergency relief organisation and has rarely needed to be in a position to procure and manage large amounts of emergency supplies. Whether it will choose to change this situation remains unclear.

Perceptions of whether and how WHO/HQ or SEARO managed the procurement and shipment of supplies in The Tsunami vary. On the whole, however, the consensus is that neither office was able to fulfill the different demands and expectations from field offices, ministries of health and/or SEARO Delhi. This was probably because the system was never designed for the level of intensity that The Tsunami presented.

5.1.13 Staffing and WHO/HQ

Despite the very high level of commitment by SEARO personnel throughout the system, pressures mounted quickly and staff worked very long hours. The dedication with which they undertook tasks was clearly one of the factors that made the response as effective as it was.

There is nevertheless a sense among SEARO staff that some program managers in WHO/HQ were not willing to allow their staff to be reallocated to the field, even for temporary periods. Moreover, the deployments were often poorly coordinated with SEARO. Travel authorisations were not always shared and there appears to have been a paucity of communication on who was being sent, where and for what purpose.

In general, lack of coordination between WHO/HQ and SEARO provoked communications. For example, it seemed at times unclear to SEARO Budget and Finance if HQ's work plans were intended to complement those of SEARO or were set up as separate procedures. HQ work plans were not shared with SEARO Budget and Finance office on a regular basis and although it was acknowledged that HQ had competencies that did not exist in SEARO (familiarity with the Flash Appeal process) there was a feeling this did not justify the intensity of the role played by HQ.

By Week 2 of The Tsunami operation, a number of steps were taken to resolve this situation and SEARO was made the official base of the operation. Senior staff from HAC came to work out of Delhi or elsewhere in SEARO.

Even so, consultants are reported to have continued to be recruited by HQ and sent to the field with little or no warning to SEARO. At one point a "plea" was made that they should "at least" come through the office in Delhi for briefing.
5.1.14 Staff turnover

One of the essential features of any emergency operation is that new staff has to be recruited rapidly to assist existing personnel. Another is that rapid turnover of personnel (due to contract breaks etc.) is not good for morale or for continuity of operations. WHO has a policy of short-term contracts for staff if there is little or no guarantee of being able to mobilise the donor support needed to ensure continuity of staff. Even so the lack of continuity in staffing was at times very apparent.

5.2 Operational Issues

5.2.1 Factors

A number of factors appear to have coloured the operational/technical response to The Tsunami. One key factor was the perceived nature and strength of the health systems in affected countries prior to The Tsunami.

Another was the health status of the populations in those countries, and where formal health care systems and availability of resources, including trained staff, were not considered to be robust enough to respond to the disaster and then reconstruction, the response took this into account in its planning.

This was the case in Aceh, Indonesia and parts of Sri Lanka where social and political conditions over the past two decades have led to a marked deterioration in local health care systems and health.

Because of its uniquely close relationship with ministries of health, SEARO was also in a position to support and be part of all national responses. In the case of the assessments that were made in the first weeks and months, it was also able to undertake them jointly with ministry personnel. This made for a more intimate understanding of the situation and allowed a more specific tailoring of actions in a way that was not possible for other organisations, especially NGOs.

5.2.2 Assumptions made

In WHO/HQ and SEARO, just as in other UN and humanitarian relief organisation, a number of assumptions had to be made as to how The Tsunami might affect the public health of the affected areas.

Given the short space of time that was available, assumptions had to be built on previous experience with other disasters, knowledge about how disasters in other parts of the world had previously impacted public health, and the nature of the news that was becoming available with respect to the nature and magnitude of the disaster. Some of the assumptions, such as the risk of epidemic outbreaks was probably not as evidence-based as it should have been.
5.2.3 Origin of early information

Much of the news that was forthcoming in the first few days of the disaster came from international media and television. Both of these were able to play an enormous role in providing vivid and real-time images of the magnitude of the devastation, but what role these images in turn played in creating an image of the public health consequences of the disaster is not clear.

What is now certain, however, is that media reports were often lacking sound technical analytic content, and in some cases they did not critically appraise previously broadcast news. As such, they provided an insufficient basis on which to make sound predictions. This was especially problematic because few alternative news sources, as well as additional information, were slow in emerging in the first few days following The Tsunami, especially in countries such as Indonesia. For this reason, these news reports remained one of the main sources of information on the “magnitude” of the disaster and served as a basis on which many of the immediate plans by relief organisations and donors were constructed.

5.2.4 Communicable diseases

Outbreaks of cholera, and parasitic diseases such as malaria and dengue are always a concern in disasters in ecological settings where these diseases are endemic. The likelihood of epidemics is highly variable however and they are difficult to predict. In the case of The Tsunami a number of different scenarios were probably used by different organisations and experts in predicting the type of epidemic outbreaks that might be expected.

These scenarios went on to quickly become the basis for much of the relief response planning in WHO/HQ, SEARO and countries. Much if not most of the planning also had to be made before much real-time situation information was available.

Assumptions also probably defined the type of data that was or was not sought. On the other hand in some countries, such as Sri Lanka sound real-time data did become available relatively quickly and influenced the way in which national plans were constructed by the Ministry of Health and SEARO country staff.

5.2.5 Role of predictions

In general, national health authorities everywhere in the region appear to have depended on WHO/HQ predictions about the risk of massive epidemic outbreaks for their relief response planning, and early WHO pronouncements that as many people might die from epidemics as were killed in The Tsunami characterized much of the response.
Some of these predictions now seem unfounded, but at the time they were made the type of graphic scenarios emerging in the press were probably consistent with the scenarios that were developed. What the reports seem to have been unable to take into account was the relative proximity (in most of the countries) of fairly intact and well-developed health care services and infrastructures.

Nor did they take into account the health "literacy" of the populations concerned, and the fact that there had been no recent history of outbreaks of cholera. There was not much consideration either of the large number of well-trained public health and clinical staff in some of the countries or of the ability of ministries of health to mobilise and assign these resources.

5.2.6 Management of bodies

Much was made by the media of the dead bodies and their removal and disposal. In some countries the fear of contagious diseases placed an enormous burden on the local staff responsible for handling and identifying bodies.

It also placed added pressures on local authorities who had to find ways of storing and disposing of more bodies than had ever been accumulated in such a short space of time. WHO issued guidelines early on in regard to this but there are suggestions that SEARO and WHO/HQ should have been more active in countering the widely held belief that bodies constituted a health threat. The absence of a more pro-active position on this meant that many national field staff and relief workers experienced serious psychosocial damage that might have been avoided.

Dealing with mass casualties requires sound guidelines plus both legal and delegation of emergency procedures. This was not always available and many staff simply had to make up their responses on what to do.

5.2.7 Disease outbreaks

In most of the areas affected by The Tsunami small and relatively innocuous disease outbreaks were reported. Viral fevers among young children spiked in the first weeks following The Tsunami, and there were reported cases of diarrhoea in some countries. Many of these incidents were of a seasonal nature, however, and not Tsunami-related.

On the other hand, there were higher incidences than usual of paediatric pneumonia that may have been associated with lengthy exposure of children to the floodwaters, as well as gross overcrowding, poor shelter and hygiene, and poor nutrition.
There were many and often fatal cases of tetanus due to cuts on debris. This had not been foreseen, and local surveillance systems did not pick up these incidents or other types of injuries that were sustained and this meant that many of them went un-recorded.

The fact that few of the predicted epidemic outbreaks actually materialized calls for more in-depth analysis, but the rapidity with which all the parties (national authorities, donors and relief organisations) were able to move massive amounts of emergency drinking water to people probably helped avert many water-related health problems.

The emphasis given to paediatric vaccine preventable diseases such as measles must also be credited as having helped to avert any serious outbreaks. On the other hand the decision to start a mass cholera vaccination program in Aceh did not appear to have been evidence-based. This was a decision of the Ministry of Health of Indonesia.

In Sri Lanka, where decisions to spray or “fog” against mosquito-borne diseases were far more justified, the use of a variety of compounds that were “available” at the time, has raised some questions about the efficacy of such mixing.

### 5.2.8 Disease surveillance

SEARO’s collaboration with national authorities in setting up communicable disease surveillance systems was rapid and efficient. Over the longer term the impact of these systems will probably prove increasingly positive and strengthen the health systems of the countries in which it was done. These surveillance systems were functional by the end of the first week and by the end of the first month were providing much needed information.

On the other hand it is not clear if and to what extent the emerging surveillance data influenced work plans. Once the Flash Appeal had been approved it was the content of the Appeal that became the benchmark for action, and data emerging from the surveillance system were possibly not as heeded as were the Flash Appeal-related work plans and budgets allotted to them.

### 5.2.9 Water and sanitation

The importance of good water and sanitation infrastructure in disaster (and all other) situations needs little elaboration. Shortage of water, poor water quality and inefficient sanitation has traditionally been a major cause of morbidity and mortality in post-disaster areas.

In responding to The Tsunami a number of specialised NGOs such as OXFAM and UN agencies such as UNICEF, led the water and sanitation initiative. Some other agencies, including bilateral ones helped by providing bottled
water and tools such as portable desalination plants (which were soon neglected once external teams left).

SEARO’s water and sanitation activities grew rapidly in importance around the second week of The Tsunami. The fact that it chose to play a technical support role and to emphasize guidelines and rapid training stood out as a major contribution among all the agencies. Its role in insisting on water quality rather than quantity was critical to the success of the international water and sanitation initiative.

Its rapid on-site training on water quality testing and surveillance also made a major contribution. SEARO’s credibility as a lead technical agency was moreover enhanced by its decision to make its network of consultants available to countries, UNICEF and other agencies. It should be noted that the success of this approach was due in great part to the fact that SEARO already had most of its guidelines ready and adapted to the Regional context because they had been previously prepared by the WATSAN unit and EHA.

Given that many people, including NGOs and some UN organisation staff often appeared to be unaware of the SPHERE and other basic water standards, SEARO’s advice and coordination of the actions of all the different players (especially in Sri Lanka) was exemplary and highly appreciated by the other agencies and ministries of health.

5.2.10 Reproductive health

Mother and child health and reproductive health are known to be highly susceptible to disruption when natural and manmade disasters occur.

Despite this, little attention appears to have been given to this area by any agency with the exception of UNFPA, and even then with great variability. Over 150,000 women are estimated to have been pregnant at the time of the disaster, and in countries such as India, Sri Lanka and Indonesia 50,000 displaced women were expected to go into labour in the course of the three months following The Tsunami.

SEARO was no exception to the relative neglect of reproductive health. The Regional Adviser took leave in order to return to Indonesia (her home country) to volunteer her services. Since then, a US$ one million JHPEIGO initiative has been started with SEARO and overseen by the Regional Adviser for Reproductive Health, but in general, pregnancy care, family planning and the management of sexually transmitted infections (all of which have a history of being very adversely affected in disasters), were given low priority in the overall scheme of relief.

It remains unclear whether the relative lack of attention to reproductive health was a function of a lack of information available at the time. It may have been
reflective of an implicit division of labour between agencies, with UNFPA and UNICEF being seen as the principal actors in this area. Be this as it may, there appears to have been a serious neglect of the problem.

5.2.11 Mental health

In recent years there has been a growing awareness of the ways in which both natural and man-made disasters impact on psychosocial well-being and mental health. The mental health response to both natural and man-made emergencies nevertheless remains very poorly understood, with few real-time data evidence on which to build.

There has also been an on-going (and highly appropriate) debate as to whether responses to disasters such as The Tsunami should take a traditional mental health approach or focus more on a psychosocial approach that does not require the same degree of technical back-up and may have a greater chance of being sustained once relief operations and humanitarian groups leave. This discussion took place within SEARO early in the response, and within WHO it is generally agreed that community efforts should be emphasized.

5.2.12 Psychosocial response

The response by relief agencies to psychosocial issues was massive. In countries such as Sri Lanka and Indonesia, so many external groups arrived to work in this area that at one point local health authorities complained that the response was in excess of need and in many cases was culturally inappropriate.

At the end of January UNOCHA reported a large increase in people arriving to work on psychosocial issues following WHO reports that 50% of affected populations might be suffering major psychological distress and that up to 100,000 people might require skilled mental health trauma care. National staff seemed to feel that many of the approaches and staff proposed to local health authorities by NGOs were not relevant. Many of them arrived with pre-set assumptions about levels of PTSD that were not borne out, and most of them were unfamiliar with local cultures and ways of responding to traumatic events. On more than one occasion WHO tried to rectify this and told many local authorities that PTSD did not seem to be a major problem, and that the therapeutic approaches that were being used were questionable.

SEARO's mental health unit chose to emphasise a more community-based approach that was more in keeping with the reality of the situation. It developed a series of broad-based training programs on community mental health and was able to strengthen the capacity of many communities to deal with psychosocial and mental health problems.
How sustainable these will prove to be remains to be seen but there is no reason to suspect that they will not be if national and local authorities provide funds for them. In taking this psychosocial approach, SEARO stimulated new thinking and in some cases such as Sri Lanka brought to fruition some of the mental health reform plans that had been "on the books" in Sri Lanka for nine years.

6. COUNTRY EXPERIENCES

SEARO’s mandate is to support its Member States and their work in the area of public health. It responded quickly and accomplished its task well, especially in view of the magnitude of the task and the nature of the needs expressed by countries, donors and others.

The experience of countries affected by The Tsunami nevertheless varied considerably in terms of both impact and response. In Myanmar, the impact of The Tsunami was relatively small compared to what it was in other countries in the region, and Myanmar (as well as Thailand and India) chose not to request support from WHO or other organizations.

None of these countries participated in the Flash Appeal but ultimately did go on to receive some support from SEARO. It is to the credit of SEARO that it was able to approach this in a sufficiently flexible fashion and continue to support these three countries despite the fact that they chose not to request aid.

6.1 Country work plans

By the end of January most of the countries affected by The Tsunami and receiving assistance from WHO had developed work plans and had contributed elements to the Flash Appeal. The role of WRs appears to have been uniformly sound, and an example of the benefits that WHO accrues from its close relationship with Ministries of Health.

In Sri Lanka, for example, where the EHA representative was present at the time of The Tsunami and brought a vast experience with him on manmade and natural disasters, SEARO and the Ministry of Health jointly staffed and managed all site visits and assessments. This gave added credibility to the plans that emerged.

6.2 Flexibility of response

A number of creative initiatives on the part of SEARO facilitated the operation of the country response. The allocation of discretionary funds to countries made it possible for ministries of health to move quickly and decisively with actions that they considered necessary and appropriate.
Flexibility also helped to accelerate the process of relief, for SEARO would certainly not have been able to move as fast and with the same expertise as local authorities were able to. Decisions by the Sri Lanka and Indonesia offices to decentralize and support district offices was also a sound move and even though the Ministry of Health in Colombo later modified this, it in no way detracts from the importance of this decision in the first few weeks.

6.3 Coordination

Coordination is an essential and critical part of all emergency relief operations. Organizations, however, tend to resist coordination and want to move independently and on the basis of their own mandates and funds. There was always room for improvement for coordination within WHO offices.

6.3.1 Coordination of supplies

In Indonesia and Sri Lanka, poor communication between HQ and SEARO meant that HQ procured and sent (often with consultants) supplies that were not required or that were in excess of what was needed. When this happened, the implications for logistics were time consuming and costly. They also caused confusion as to the “chain of command” or the hierarchy of decision-making (and by extension, of reporting).

Coordination by governments was also a problem in some settings and caused delays in distribution. Even at the beginning of 2006 supplies procured or donated early in 2005 had still not been released from customs in Sri Lanka, despite all attempts by WHO to accelerate the process. There do not appear to have been any Standard Operating Procedures (SOPs) in place to deal with situations such as this.

6.3.2 Consultants

No relief operation can function without external assistance, but at the same few external groups or organisations ever have the right number of the people with the right background in place when disasters strike. Most have to build on the availability of consultants. Poor coordination between HAC, EHA Delhi and the country offices at times meant that SEARO was not always advised of movement of HAC consultants to the field.

The weight of this was felt at the country level where WRs and WHO country staff were often caught by surprise and required to allocate valuable and scarce time to accommodate consultants they did not know were coming and whose presence they did not always consider relevant. This was the case in Indonesia and Sri Lanka where WHO country staff at times felt they were spending more time dealing with consultants than doing the work they were there for and eminently capable of doing.
In some cases the demands on WHO country staff by time has caused friction between staff and consultants and frequently gave local staff a feeling their work was not being respected. Certainly many of them had the feeling that the system was being circumvented by HQ, and in some instances by SEARO.

There was a large number of consultants that were made available to the countries at the initial phase of the operations. Not all appear to have had clear terms of reference and certainly not all were there at the request of SEARO, the WR or EHA country staff. Initially, it did not appear to have been any Standard Operating Procedures (SOPs) in place to deal with the recruitment and movement of consultants, or their briefing with respect to countries and WHO staff in countries. However, the process was later streamlined with a full time Human Resource Cell operating from SEARO to manage these issues.

6.3.3 Coordination with Ministries of Health

SEARO’s relationship with the Ministries of Health in its Member States is a factor that facilitates the work of ministries and of WHO. In the context of The Tsunami the value of this privileged relationship was apparent in some countries. This gave SEARO and WHO Country Offices a comparative advantage in the delivery of response activities for health.

In the Maldives some problems of coordination were experienced, and ministry officials questioned the calibre of WHO (as well as other) consultants coming into the country. In Indonesia where a good working relationship had been established well before The Tsunami, this continued to evolve after The Tsunami; and Ministry of Health officials felt that WHO’s coordination of its work with the Ministry had helped set the tone for other organisations.

6.3.4 Coordination of data

Disasters are not static phenomena and their impact on people changes rapidly with time. Surveillance is thus an essential part of all disaster management and the basis on which interventions can be designed, refined and evaluated. In general SEARO moved quickly to establish surveillance systems and these proved to be highly effective.

As indicated earlier in this report these surveillance systems will, if nurtured, provide a good basis for disease surveillance in general. The emphasis on communicable diseases, however, meant that they were insensitive to other key incidents such as injuries, and noncommunicable diseases that ministries were concerned about.
6.3.5 Coordination of psychosocial activities

Psychosocial welfare attracted a high level of attention by expatriate groups. In some cases their work was appropriate and well-managed; in others it was far less so. At a country level it was often difficult for SEARO and/or the ministries of health to coordinate them or to provide an agenda to guide them. It was problematic in Sri Lanka, slow but ultimately present in Indonesia, good in India and excellent in Thailand. One of the main problems was the absence of pre-existing mental health care systems at the community level.

The work of SEARO nevertheless provided a solid base for some donors to build on. In India the Country Office also was able to provide a platform on which the reorientation of health workers for work in this area was developed and in Thailand community level mental health workers were able to be integrated in the Department of Public Health.

6.3.6 National capacities

In the legitimate and well-meaning rush to come to the assistance of countries many agencies neglected to take into account the capacity of national and in some cases local infrastructures, many of which were sound.

In the case of India this was highlighted by national authorities, but in other instances it was not and went unappreciated. In Sri Lanka, Ministry of Health officials were able to mobilise staff from other parts of the country and assign them to duties in the worst Tsunami affected areas. Similarly in Thailand there was a strong local capacity and a willingness on the part of national authorities to assign staff from other areas.

The close relationship between SEARO and ministries of health in affected countries was instrumental in avoiding the neglect of local capacities in many, but not all, of the countries.

6.3.7 Constraints

The political context in Indonesia with respect to Aceh, and in Sri Lanka with reference to the northern and eastern areas of the country at times posed difficulties for action. These two situations defined the security issues in the affected areas and impinged the pace of relief and recovery.

In both Indonesia and Sri Lanka, however, the decision by SEARO to strengthen the WHO sub office in Aceh, and, in the case of Sri Lanka, to set up and fund three decentralised offices did much to overcome constraints such as these. Other measures taken in Indonesia, such as procurement "outside" the agreed upon plan of work, but according to emerging needs also helped to speed up the process of relief.
7. CONCLUSIONS

7.1 WHO/SEARO and disasters

The response by SEARO and HQ to The Tsunami brought out WHO’s capacity to respond to disasters. The crisis and response to it nevertheless raised the question of what role WHO should seek to play in disasters. There are those who argue that the ideal role for WHO is to provide technical support to its Member States and to other agencies and this clearly worked well in the case of water and sanitation.

On the other hand there are those who point out that in a world of increasing health instability, WHO is likely to be called on more than ever before to help in responding to natural and man-made disasters and should do so operationally. If it chooses to do this WHO will have to consider how best to mainstream its disaster capacity so that all parts of the organization can respond in a coordinated fashion.

7.2 Technical supporting role in disaster preparedness/mitigation

WHO will always have a technical advantage over other organizations in the area of public health. It has the advantage of having cadres of highly trained technical staff who can easily adapt their knowledge and experience to challenges such as humanitarian disasters. Public health personnel also bring to emergencies a commitment that is not always present in other professions.

The SEARO experience is indicative of what can be done in disasters and making the most of this comparative advantage is a challenge SEARO should take up and strengthen.

7.3 Operational and coordinating role

If SEARO chooses to become more operational in disasters (and there is good reason for it to do so) this will have implications for policy and programming.

A strengthened EHA capacity in Delhi and in SEARO Member States will call for EHA to proactively coordinate disaster preparedness and responses in the SEARO system and in SEARO’s Member States.

The lack of coordination that characterized some of the response by UN agencies and NGOs must be addressed by the UN System. It will call for EHA to be in a position to assess the capacity of SEARO programs with respect to disaster preparedness and response and propose ways of strengthening them. Scaling-up of the activities of EHA should not present too much of a difficulty if it is done quickly and while there is still an institutional memory among donors, countries and SEARO. The basis for an expanded initiative is already in existence.
7.4 Communication and information technology

Coordination of disaster responses calls for emphasis on creative use of information technology. In SEARO the current IT system application to disaster preparedness and mitigation activities could be strengthened so that it would be available for such things as "distance" education and training, sharing of information, and virtual conferences.

7.5 Resource mobilization

The role of resource mobilization in disaster preparedness and mitigation, as well as in the response to disasters, is critical. Within the WHO system, the policy that resource mobilization is the prerogative of HQ deserves to be reconsidered. The world of donors has changed in recent years and both the Regional Office and Country Offices should be in a position to play a much more pro-active role. This implies a strengthened presence of the Regional Office in key centres like Bangkok, Jakarta and Colombo and a strategic plan to build relations with donor agencies during "non-emergency" times. This plan should include not only bilateral and multilaterals but also all other possible channels like INGOs, private foundations and corporate sector. Regional political forums like SAARC and ASEAN and other global platforms must also be utilised. Besides, in South-East Asia there are now countries that are in a position to make donations to SEARO's work in this area. Many donors from outside the region also have major offices in the region and SEARO may wish to explore how best it can strengthen its resource mobilization capacity and expand its scope of "responsibility". What is needed is to continuously cultivate both traditional and emerging donors by active interactions and systematic engagements with them. EHA-SEARO should lead the process and provide support to country offices for fundraising and donor coordination.

It has been observed that during the initial planning stages, the needs for external relations functions are severely underestimated by the Country Offices. Reality is that this needs a lot of staff time and strategic interventions. The already sound capacity of SEARO was apparent in response to The Tsunami and this capacity now needs to be nurtured and enlarged, with the needs being appropriately reflected in work-plans.

7.6 Flash Appeal

The Flash Appeal has become an integral part of all disaster responses and preparing for disasters must now involve ensuring that SEARO staff and national authorities are aware of and conversant with the purpose and role of the Flash Appeal and also its limitations.

Training and rehearsing on the use of the Flash Appeal is called for so that the assumptions and special interests that are often involved in the Flash Appeal
process are understood so that they can be avoided wherever possible. Flash Appeals should be designed to be epidemiologically and technically sound and objective.

The timing principles of the Flash Appeal process can be problematic. They call for the Flash Appeal to be prepared quickly and at a time when data are often still missing, and the situation on the ground still open to change. Flash Appeals may at times include needs that would self-resolve if allowed to, while other problems that are not included may prove to be more serious after funds have been allocated and designated.

7.7 Human resources

The capacity of the SEARO human resource division was sorely tested throughout the response but it was able to demonstrate a sound capacity to recruit and move people. A system, the Human Resource Cell, was timely set up to address any needs for mobilization of staff. There was nevertheless a high overload on the division and this must be avoided in any future crisis through more flexible recruitment procedures.

7.8 Procurement and supplies

As far as procurements and supplies are concerned, the fact that neither SEARO nor HQ were set up to deal with emergencies, and certainly not on the scale of The Tsunami, meant that some degree of difficulty would be encountered in procurement. This said, the fact is that both SEARO and WHO acquitted themselves well and their efforts are indicative of what can be done by them.

SEARO may nevertheless now wish to seek some partner organizations that can help in this regard. This does mean that SEARO should not strengthen its current capacity but the fact is that major disasters call for a type of procurement and supply response that few organizations can handle alone.

Partnering with other UN agencies and pooling resources will help overcome obstacles of this kind, while still permitting SEARO to exercise technical leadership.

7.9 Surveillance and reporting

The value of surveillance was amply demonstrated in The Tsunami, and SEARO’s contribution to this was exemplary. The surveillance system that was set up nevertheless focused too much on communicable diseases and did not respond to other issues, including injuries, morbidity and mortality, all of which were critical themes. In the future priority will have to be given to developing surveillance systems that are capable of covering a comprehensive range of problems including chronic and other non-communicable diseases and injuries.
7.10 Situation reports

The value of regular situation reports requires little elaboration. They are essential for helping to define the nature of problems and the changes that occur around them. If situation reports are to be most effective, they need to be standardized, regular and made routinely available to donors, staff and consultants going to the field. It may also be worthwhile sharing situation reports with the media.

7.11 Media and public relations

Many of the early reports on the nature and magnitude of The Tsunami came from the media. This is not unusual. Television news reporting has become highly sophisticated and globally active. It is often the first to explore disaster situations and is also equipped with the greatest capacity to transmit information. Working with the media so as to ensure that reporting of disasters is technically and "epidemiologically" sound is imperative. SEARO may wish to explore how the relationship with the media could best be enhanced. This may mean training and more regular briefing of media on the work of SEARO, as well as sharing with the media some of the lessons that have been learned in the context of The Tsunami response.

7.12 First country actions

First teams in the field at times of disasters should ideally be made up of WHO experienced staff and not consultants. This is not to say that consultants are not and will not be useful, but the fact remains that in the regions WHO personnel are the ones who are most familiar with the countries they work with and the socio-political and cultural context in which the disaster responses have to be developed. The relationship between WHO and ministries of health also means that for the most part, the credibility of WHO staff tends to be greater than that of other people including consultants.

7.13 Preparing consultants

Expatriate consultants that arrived in Tsunami affected countries were well intentioned and eager to assist, but many of them were not able to do so as fully as they would have liked because they were unfamiliar with the "terrain", the nature of the socio-cultural environment, the political systems in place, and the capacity of the people and the health care systems to respond resiliently. In some cases they were simply not sufficiently prepared technically.

A major lesson must be learned from this, and SEARO may wish to now develop a "living" roster of people in the region who are known to have the capacity for the work that is required in disasters, and who are familiar with the region and the many characteristics that have to be taken into account when
responding to disasters. Now is also the time for SEARO to begin systematically training a "fleet" of consultants it can count on knowing they have gone through a SEARO-specific preparation.

7.14 Recruitment and briefing of consultants

No matter how much emphasis is given to recruiting consultants from within the South-East Asia region, the fact remains that if and when a major disaster strikes, consultants from outside the region will be required or will be made available. In The Tsunami response, much of the recruitment was done at HQ level and there was poor communication with SEARO as to the rationale for recruitment, the background of the staff being recruited, the terms of reference being provided to them, and the chain of reporting that they were to adhere to.

Any future rapid mobilization of consultants must seek to be more standardized, streamlined and also consolidated in ways that allow the SEARO office to provide leadership and responsibility for consultants coming into its region. Briefing consultants from outside the region (and indeed from within the region) must be given far more importance and must fall under the purview of SEARO. Sending consultants to the field in disasters without proper briefing can cause confusion, misunderstandings and be a source of aggravation for country staff and nationals. SEARO should also reexamine its rates for consultants if it is to be able to recruit the "best". The reality is that human resource costs have increased, and these must be recognized in recruitment.

7.15 SEARO-HQ relations

The relationship between SEARO and HQ in response to The Tsunami raised a number of questions with respect to coordination, sharing of information, and chains of decisionmaking. These questions should be addressed so that in future disasters there can be a more streamlined and mutually reinforcing process in place. Care should be taken to address the needs of WRs and country offices as well as Member States so that their operational capacity is strengthened rather than impaired as a result of well-intentioned but nevertheless poorly coordinated responses.

7.16 Other sectors

The health sector is never likely to be able to assume responsibility for all the challenges that arise in emergencies. Experience with The Tsunami highlighted the importance of re-establishing economic vibrancy in communities, helping people find employment and set up micro-credit initiatives.

By the same token, WHO/SEARO should bear in mind that other sectors can and should play a role in public health promotion and protection. Care should be taken to recognize the role of other sectors both in promoting and protecting health in general, but also in the response to disasters.
7.17 Relations with UN agencies and NGOs

SEARIO will always have the lead role in public health in the region, but when and if disasters strike, other agencies may, as they did in The Tsunami, feel that they too have a responsibility for work in public health.

The credibility of agencies depends on the technical content of its work and in this regard

SEARO's response to The Tsunami, the guidelines that it issued, the guidelines that it prepared, and the trainings that it provided in support of guidelines went far to establish and reinforce SEARO's credibility.

Although their contribution is to be valued, SEARO should not take a back seat to other agencies. On the contrary, SEARO can and should take action to assume and provide leadership in this area. Its technical capacity, its proximity to Ministries of Health, its capacity to deal with other sectors in countries, and its experience with The Tsunami should all now be brought together to provide the leadership impetus that is called for. This now deserves to be strengthened even further.

7.18 Contingency capacity

The capacity and speed with which SEARO was able to move in response to The Tsunami will remain a credit to WHO in general. The fact that staff members were able to be contacted and mobilize a response over a holiday period was impressive. The fact remains, however, that there was no routine system in place for dealing with contingencies such as this. It is important that in the future a 24-hour contingency response system be in place and that teams of key staff be immediately available. This has implications for staffing patterns and management of time, but it will be a worthwhile investment.

7.19 Collaboration with the military

It is clear that in most of the countries that were affected by The Tsunami little could have been achieved without the assistance of the military sector. From a logistics and technical perspective, the military provided essential support to countries, to the UN system and to the NGO sector. This resource should not be overlooked and SEARO may wish to develop plans for working more closely with military forces to formulate humanitarian guidelines and training activities designed to ensure that the military is conversant with humanitarian principles, the mandate of WHO, and the role of NGOs. This could be an important sector for SEARO leadership.
7.20 Learning lessons

SEARO has already begun to take a look at its experience with The Tsunami and has published a number of reports. Much more is called for if SEARO is to begin to learn from The Tsunami and share its learning with other partners.

There is a need for case studies on ministry of health experiences, NGO experiences, WR and country office experiences, as well as the experiences of beneficiaries, those of supply lines, and of the interface between request for support and actual delivery and use of commodities. Research is called for on why the communicable disease predictions did not materialize and there is also a need to examine the evolution of the health and welfare needs of the displaced populations, and of those who hosted them.

7.21 Sharing experiences

The experience gained by SEARO in managing the largest natural disaster that WHO has ever been involved with could now become the basis for a major training initiative for WHO as a whole. SEARO could become a major actor in a broader preparedness initiative that would encompass NGOs, UN agencies, and Ministries of Health in and outside the SEARO region, and which would involve SEARO being a repository for global experiences and for knowledge sharing.

Much of the experience SEARO gained in responding to The Tsunami could now be built on to give SEARO a leadership role internationally in research, training and advocacy. In each of these areas there are urgent needs that SEARO could fill. In doing so it would facilitate the process of disaster preparedness and mitigation throughout the SEARO region and elsewhere. It would also provide an opportunity for centers of excellence in the SEARO region to become more involved at an international level.

7.22 Standard operating procedures

One of the main concerns to emerge from the evaluation is the fact that Standard Operating Procedures (SOPs) were not available for a number of disaster response procedures. SOPs are essential elements that not only need to be developed and put in place, but also made known to everyone and, if necessary, rehearsed regularly by everyone. SEARO may wish to give this matter high priority and review where it feels SOPs need to be developed. If they already exist, then consideration should be given to assessing how they functioned and whether they need to be modified.

7.23 Predicting and preparing for disasters

Active cooperation between SEARO and its Member States in preparedness and mitigation responses is strongly called for. Although predicting natural disasters with precision is not possible, much can be done to help countries define their risk and the public health consequences that can be anticipated.
Planning for emergencies is likely to enhance overall efficiency of organizational responses to health development as well. It should take into account all areas of public health but especially those that have been shown to be most vulnerable in The Tsunami and other recent disasters in the region.

Priority should be given to areas that are important from the point of view of the populations at risk, taking into consideration the heterogeneity of the populations, the epidemiology of pre-existing problems (keeping in mind that not all regions within countries have the same types of health problems) and what may happen to people if these problems are not responded to quickly and efficiently.

8. OVERALL CONCLUSION

The likelihood that other natural disasters will hit the South-East Asia Region is high. Many of the countries in the region are prone to a mix of earthquakes, floods, typhoons and landslides that have the capacity to produce massive mortality and displacement of people.

SEARO's response to The Tsunami was sound and effective. It probably could have been even effective had there been more pre-training and structural preparation for disaster response. It might also have been even more effective if there had been a disaster preparedness policy in place with major resources available to it.

If SEARO is to better respond to the needs of its Member States, it should consider investing heavily in this area. It currently has a good basis for this both in terms of human resources and experience.

Given the growing frequencies of natural and man-made disasters in all parts of the world, including the South-East Asia Region, SEARO may also wish to consider a major initiative in post-disaster and postconflict reconstruction.

9. RECOMMENDATIONS

9.1 SEARO should allocate greater priority to disaster preparedness and response and gear up its structures and functions accordingly.

9.2 SEARO should prepare a five-year plan of work with all technical and administrative units showing how they will work with, and to, EHA in disasters, and how they will relate to HAC/HQ.

9.3 SEARO should seek a regional partner or partners that can assist with procurement, warehousing and deployment of supplies in disasters.

9.4 SEARO should urgently build up its resource mobilization capacity by investing in staff developing strategic broad-based initiative intended to cultivate donors and their interest during both emergency and non-emergency
times. Training of staff and country personnel in the process the Flash Appeal and donor relations and sensitization of donors themselves should be an integral part of the initiative.

9.5 SEARO should quickly develop standard operating procedures that address the organizational needs that emerged in the wake of the Tsunami, and in collaboration with HAC/HQ.

9.6 SEARO should begin a major training and simulation program with its Member States and with others in the area of disaster preparedness and response, always emphasizing links between disaster preparedness and response and development in general.

9.7 SEARO should develop a database on Tsunami, including the good practices that emerged and promote more research in this area to assess how the response to the Tsunami affected longer-term public health and health systems in the affected countries.

9.8 SEARO should strengthen its use of information technology in the area of disaster preparedness, response and training, and coordinate with WHO/HAC and other WHO Regional Offices.

9.9 SEARO should develop plans with, and training of, military sector staff and other sectors, including the religious sector, so as to maximize the input they can provide in disaster response processes.

9.10 SEARO should link with all the WHO Regional Offices and HAC to discuss how best to coordinate and make the most of the characteristics and skills of each Regional Office in preparing for and responding to disasters and in post-disaster reconstruction.