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Coordination Workshop for Tsunami-affected Countries

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Annexes

1. INTRODUCTION

A Coordination Workshop for Tsunami-affected Countries was held in the WHO Regional Office for South-East Asia on 1-2 March 2005. Senior national officials and WHO Representatives for the six affected countries, viz. India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand, and programme staff in the country offices, participated.

Please see Annexes 1 and 2 for the Programme and List of Participants respectively.

2. OPENING STATEMENT BY THE REGIONAL DIRECTOR

In his opening remarks, the Regional Director, Dr Samlee Plianbangchang, said that the South-East Asia Region was the most affected Region. He highlighted various steps taken to meet the unprecedented challenge and outlined steps for the future. For full text, please see Annex 3.

3. ELECTION OF CHAIRMAN AND RAPPORTEUR

By unanimous consent, Dr Supachai Kunaratanapruk (Thailand) was elected Chairperson of the Workshop. Dr S.P. Agarwal (India) was elected co-Chairperson and Dr Soe Lwin Nyein (Myanmar) was elected as Rapporteur.

4. REGIONAL SUMMARY OF WHO/SEARO ACTION FOR THE TSUNAMI – DONOR CONTRIBUTION AND RESOURCE MOBILIZATION

Dr Poonam Khetrapal Singh, Deputy Regional Director, said that the Tsunami had caused tremendous human loss in six countries of the Region. After the tragedy had struck, SEARO established a Tsunami Task Force Policy Group to make decisions on critical issues and coordinate with WRs and HQ through regular teleconferences. Further, a Tsunami Task Force Working Group was

also established which was responsible for day-to-day operations. The Working Group, in turn, had cells covering areas of information management/ media, technical coordination/public health monitoring, and human resource management. The Working Group also supported the information and communication technology, and partnerships and resource mobilization units.

A 100-day strategy was developed for monitoring public health, replacing lost equipment and supplies, providing technical expertise, facilitating efficient coordination with other health actors, ensuring adequate up-to-date information on the health situation, and participating in health needs assessments with other partners.

A Flash Appeal was launched for surveillance of diseases, providing access to essential health care, other essential public health functions, strengthening supply systems, and coordination of international health response. A UN Flash Appeal was launched for US$ 977 million which included the WHO requirement of US$ 67 million. Contributions were also received/pledged from governments and private entities/individuals to the tune of US$ 53 million.

WHO coordinated with partners such as UNDG on the UN-wide coordination and progress of response; the World Bank/Asian Development Bank on health sector rehabilitation; and with the Special ASEAN Leaders' Meeting on regional coordination for response and rehabilitation.

Among the lessons learnt, timely and meaningful response was extremely important. The importance of team work, with all staff working as One WHO, was also highlighted. There was coordination with partners – national authorities, UN agencies, NGOs, the military and the private sector. The media played a positive role.

The Deputy Regional Director underscored the challenges ahead. The flash appeal of US$ 67 million had to be utilized by end-June 2005. The latest challenge was the scale and complexity of the needs of the population. There was diverse, demanding and, at times, high security risk operational environment. There was need for timely, credible and technically sound implementation. Effective management and rigorous monitoring was essential. There should be transparency and accountability in the use of funds as the donors would be going to the countries to see how the money was utilized, she added.

5. TECHNICAL ASPECTS OF TSUNAMI OPERATIONS

Dr Bjorn Melgaard, Director, Programme Management, said that in order to support a coordinated and prompt response to health needs of the Tsunami-affected populations, a Tsunami Technical Group (TTG) had been established in SEARO. The TTG had developed guidelines and tools for technical advice, assigned technical staff to the affected countries/areas, and procured emergency supplies and equipment. The Group also provided information on outbreaks, technical and website updates, and also issued the Tsunami Health Bulletin. It liaised with technical focal points in countries and coordinated response activities. The TTG also developed proposals for funding from donors.

With regard to country-specific activities, Indonesia was provided technical support including mobilization of national staff. Technical guidelines and tools were developed for the country and life-saving medicines and other materials were also supplied.

Technical support was provided to Sri Lanka in the area of communicable disease surveillance, mental health, water and sanitation and vector (mosquito) surveillance. Technical guidelines, tools and plans for psychosocial and mental health for disasters were also developed. Relief commodities and other equipment were also provided.

With regard to the Maldives, technical support including mobilization of national staff was provided in the field of waste management, water sanitation and communicable disease surveillance. Technical guidelines and tools were developed for mental health and treatment guidelines for malaria, cholera, measles and ARI. Cold-chain equipment for vaccines was also provided.

The next steps proposed to be taken are:

(1) revise the workplans;

(2) assign long-term staff in place of short-term;

(3) re-build health systems and services;

(4) provide technical inputs to country teams;

(5) prepare documentation of experiences and lessons;

(6) conduct workshops on lessons learned for improving preparedness, and

(7) monitor and evaluate frameworks.

6. OVERVIEW OF COUNTRY IMPLEMENTATION ACTIVITIES – PRESENTATION BY COUNTRY TEAMS

India

Dr S.P. Agarwal described the extent of damage caused by the Tsunami in the Andaman & Nicobar Islands, Tamil Nadu, the Union Territory of Pondicherry, Kerala and in Andhra Pradesh. He also outlined the response by various ministries. The Ministry of Home Affairs was the nodal ministry for a multisectoral response to the disaster. An operations room was established in the Ministry of Health and Family Welfare. The highlights of the health response included:

- Medical and paramedical Staff sent to the affected areas:
  - More than 250 doctors, psychiatrists, general duty managers, public health specialists etc
  - 100 paramedics
  - About 40 doctors including 12 public health specialists
- Development of guidelines to control vector and waterborne diseases and measles in consultation with WHO
- Establishment of medical stores including provision of medicines, bleaching powder and halogen tablets and insecticides
- Vaccinations (measles, typhoid) and Vitamin A supplementation
- Strengthening of disease surveillance system
- Nutritional Surveillance
- Health Education
- Psychosocial Support

Dr Argawal also acknowledged the support of the WHO India Office.

Assistance to other Tsunami-affected countries was also discussed which included:

Sri Lanka

- An aircraft with relief, medical supplies and medical team
- A mobile army field hospital with medical personnel
- Deployment of a full-fledged, 45- bedded hospital
- Composite relief package of Rs. one billion

Maldives

- 50 sorties undertaken by relief planes
- Relief supplies and some Indian aircraft at the disposal of the Maldives authorities
- Supply of water containers
- Two naval ships set up medical camps
- Composite relief of Rs. 50 million

Indonesia

- Navy provided relief materials besides running a medical camp
- Indian hospital ship sent to Aceh immediately after the disaster for providing relief
- Navy supported by ships, Dornier aircraft and personnel of the Indian Coast Guard
- Aid of US$ one million consisting of emergency shelters, medicines and food supplies

Dr S.J. Habayeb (WR, India) showed a film clip on the onset and impact of the Tsunami and explained the guiding principles for WHO India Country Office support. These included meaningful objectives, coordinated and transparent response, integration with the existing framework, sustainability and HSD opportunities, efficient use of resources, and liaison with WHO/SEARO and HQ. He also explained the areas of support to the Union

and State governments by the WHO India Country Office. The highlights of the health response included:

- Disease surveillance
- Psychosocial support – conduct of psychosocial training for health workers and volunteers in collaboration with health institutions
- Water quality and environmental sanitation
- Maternal and child health
- Staff deployment
- Participation in assessments for rehabilitation.

Issues regarding lack of coordination resulting in duplication of work of NGOs and the government were raised.

Dr Muharso gave a situation analysis of the Tsunami disaster. Indonesia was the worst country affected by the Tsunami with 123,938 deaths and 113,937 people missing. About 404,693 people in NAD and 4,000 in North Sumatra (NS) provinces were rendered homeless. The disaster had caused:

- Total collapse of the health system in the affected districts
- Failure of communication system except radio
- Limited transport accessibility
- Lack of financial liquidity for the affected population due to damage to the banks
- Damage to health supplies in the affected areas
- Overflow of external relief workers and different style of operations; there were 218 NGOs operating in Aceh
- Declaration of national disaster and open door policy for relief operations

The main challenges for the health sector were:

- Health policy, coordination and health systems rehabilitation
- Health services delivery enhancement
- Health protection and disease prevention

Indonesia expected support from WHO for:

- Coordination, planning and communication involving all three levels of government
- Continuous support for the emergency
- Extension of flash appeal deadline from June to December 2005
- Coordination, mobilization and ensuring pledges from health related donors.
- Clarification of WHO's role, policies and guidelines
- WHO role to support and assist MoH, Provincial Health Office and District Health Office
- Assistance in developing a sound Master Plan to re-build NAD and North Sumatra provinces' Health systems
- Assistance in operational plans at provincial and district levels
- Joint MoH-WHO Committee to provide guidelines, review, update, modify proposals, pledge and allot budget, monitor the implementation and evaluate the process
- Support operational units
- Strengthen emergency disaster preparedness, response and development at all levels
- Strengthen data management and communication system
- Flexibility in using budget to support incentives as operational cost for health staff
- Financial and essential supplies support for health staff
- Selected need-based technical assistance.

Dr Muharso commented that the response and work of WHO could have been better in a number of areas. These included: policy guidance, procedures, coordination and filtering mechanism by the UN.

Dr Georg Petersen (WR, Indonesia) presented a summary status of the Tsunami disaster. He gave details about the health situation and the damage to the health system.

WHO had led the transition to health rehabilitation through close collaboration with provincial health offices and local/international partners. Technical advice was given for surveillance of diseases of epidemic potential; health planning and systems development; mental health, nutrition, water and sanitation, immunization, reproductive health, medical supply and waste management.

Offices were established in Banda Aceh, Meulaboh, Calang and Jakarta. Logistic and transport arrangements with partners were also made.

The key areas where assistance was provided included health protection and disease prevention, health service delivery enhancement, health planning and systems development and support through coordination, logistics, administration and communication systems.

The key challenges faced by the country were: re-establishment of the health system at all levels, advocacy for health within the national planning process for reconstruction, streamlining and coordinating various health programmes of the MoH and within WHO, facilitating the handover of programmes set up by international organizations to the local health system, and the high mobility of displaced people in the provinces.

The expected outcomes were: strengthening capacity of provincial/ district health offices, health interventions with local/national international institutions, and increased access to health services, through collaboration with Government, NGOs, international organizations and local institutions.

Sri Lanka

Dr Abeysinghe described the extent of the damage to the health institutions including several staff members killed. He enumerated the challenges which included:

- Several hundred thousand people were displaced and were forced to seek shelter in camps
- Support from many countries
- Health service delivery : public health activities at maximum output, provision of safe water at welfare centres, provision of meals and boiled water, construction of trench latrines, vector control through spraying.

The government is addressing the following public health needs:

- Provision of patient care and casualty management
- Safe food/nutrition/maternal and child care
- Water safety and adequacy: cleaning wells and increasing storage capacity
- Sanitation – latrine construction/gully cleaning
- Garbage/debris removal
- Vector control
- Disease surveillance
  - daily collection of disease surveillance data
  - Consolidated information from districts on a daily basis by information by fax or telephone to the epidemiological unit
- Children's needs and psychosocial needs

Coordination of activities included:

- Development and dissemination of guidelines
- Visits by public health teams to all affected areas completed by the 28th of December.

The following important decisions were taken:

- Encouraging preparation of food locally and discouraging bottle feeding
- Ensuring high priority for care of children, and pregnant women
- Ensuring adequate supply of chlorine tablets and chloroscopes
- Regular inspection of water quality
- Immediate construction of temporary latrines
- Ensuring regular solid waste disposal
- Coordination of donor support by MoH for health-related matters
- Mobilizing medical teams to visit each centre regularly
- Immediate isolation of individuals identified with a selected communicable disease
- Withholding mass immunization

Much of the success of the response was due to:

- High public awareness
- High commitment from staff
- Financial support from WB and WHO
- Material support from UNICEF
- Quick mobilization of medical services

The following needs were identified:

- Communication systems
- Transport to support implementation of programmes
- Rescue plans: guidelines, alarm system, public address system, links to media, pre-identified health institutions temporary shelters, teams to take care of Internally Displaced Population (IDP), mechanisms for supplying water and food (purification systems, tanks, transport, testing methods), which foods from where
- Strong National Disaster Management Plan

The challenges mentioned were:

- Providing for emergency health needs
- Dealing with multiple agencies : human resource issues
- Inter-and intra-sectoral coordination of agencies
- Sustainability of the programmes and services provided
- Technical capacity in various disciplines e.g. hospital architecture, surveillance, MIS, logistics management, etc.

Support expected from and role of WHO

- Advocacy in health policies and technical advice
- Disease prevention and control including multi-disease surveillance
- Laboratory services
- Improvement of mobility, logistics, communication facilities
- Management information systems
- Universal precautions

- Establishment of an operations unit for Health Action in Crises and MoH and support for emergency preparedness and response
- Coordination of other external agencies support.

The WHO Representative, Sri Lanka, described in detail the areas affected, the extent of damage and highlighted WHO.

Thailand

Dr Supachai Kunaratnapruk, Deputy Permanent Secretary, Ministry of Public Health, Thailand, informed the meeting that the coastal provinces of Ranong, Pangnga, Phuket. Krabi, Trang, and Satun were affected by the Tsunami. The total number of deaths were 5,392 of which almost 50 per cent were foreigners. When the disaster struck, there were about 20,000 foreign visitors in those areas. Although the impact was much less than in Indonesia and Sri Lanka, it was still quite devastating. The relief and rehabilitation work is being looked after under a command centre headed by the Minister of the Interior. For Intersectoral collaboration, various cells have been formed – Rescue Cell operating under the Ministry of Defence; Treatment of Survivors cell operating under the Ministry of Health; Repair and Maintenance of Basic Services Cell under the Ministry of Defence and the Ministry of the Interior; and the Management of Dead Bodies Cell under the Ministry of Justice and the Policy Department.

Dr Supachai said that the biggest problem was that of identification of dead bodies.

Immediately after the disaster occurred, a Disaster Plan was established. The main problem encountered was of communication failure. Even the mobile phones collapsed. After 24 hours, a Central Operation Centre and a Regional Centre was set up at Phuket headed by the Deputy Permanent Secretary.

He said that Thailand was lucky that most of their health infrastructure was intact although communication and logistics had collapsed in the coastal areas.

The response in the initial phase was tremendous with a large number of volunteers coming forward to help. There were teams from medical

universities and hospitals and those who handled the rescue work. A large number of foreigners had died and their bodies were lying at various places. Then there were quite a number of injured people and they were referred to the referral hospitals. All foreigners were evacuated to Bangkok with the assistance of the Air Force. Also, all facilities were provided to the foreigners who were admitted to private hospitals.

In the second phase of the response, support was requested from WHO and CDC, Atlanta for:

- prevention of communicable diseases;
- provision of psycho-social support to people;
- access to information

Mental health and psycho-social support activities were carried out on a large scale. In the Rehabilitation Phase, a rehabilitation centre was established for the affected provinces. As almost half the deaths were those of foreigners, a Disaster Victims Organization was formed and they communicated with the Police and the Justice Department. Since there were about 3,000 unidentified bodies, assistance was requested from WHO in the identification of these bodies. The bodies were being identified on the basis of dental reports, finger prints and DNA tests. Samples were forwarded to China, and assistance was also sought from Korea, the USA and some European countries. The reports were yet to be received.

He mentioned the various constraints experienced and said that it was not easy for WHO to coordinate with the Ministry of Health when a disaster occurred. In the absence of communication apparatus, it was very difficult to coordinate with the Phuket Centre. In such a situation the role of WHO assumed paramount importance as only WHO could advise on what is to be done or not done at that particular point of time. They were now looking for cooperation from WHO in establishing disaster preparedness cells for the future. They were also requesting WHO assistance in strengthening the surveillance mechanism in the country. Support was also needed in the field of environmental health. WHO would be requested to make an assessment of the damage done to the environment.

In conclusion, Dr Supachai thanked WHO for all the assistance rendered during the crisis and said that we need to be better prepared for the future. Any chaotic situation should be avoided. There should be better communication systems as even the mobile phone connections collapse during such a disaster.

Dr William Aldis**,** WHO Representative, Thailand, supplemented Dr Supachai's presentation and said that unlike other countries which were hit by the Tsunami, the situation in Thailand was different to some extent:

- There was minimal damage to health infrastructure and to transport and logistics;
- There was strong health systems capacity;
- Unlike in other affected countries where a large number of local inhabitants suffered fatalities, in Thailand, of the total number of dead (5,395), almost 50 per cent were foreigners. Of the 2991 missing and 8,457 injured persons a large number were foreigners. Nearly 97 per cent of all deaths occurred in Phang Nga, Phuket and Krabi districts.
- Geographically, the damage was relatively limited;
- There was rapid social response, both from the local community and formal sectors;

WHO is extending support to existing MoH programmes and initiatives which are being linked to international partners such as CDC, NYC Dept of Health, bilateral donors, and sister UN Agencies.

Dr Aldis said that post-Tsunami, WHO was assisting in strengthening infrastructure, staffing, and in funding various programmes. The key areas of support included:

- Forensics – for body identification including its legal aspects;
- Combating psycho-social trauma;
- Strengthening capacity for active disease surveillance;
- Environmental health in emergencies;
- Architectural/engineering of health facilities; and

- Coordination, monitoring, evaluation, and documentation of lessons learned.

Dr Aldis further indicated that till 28 February 2005, the following proposals were received from the Government and processed:

- Observation tour on disaster management and architectural engineering;
- Forensic team support;
- Medical and rehabilitation care of elderly patients;
- Strengthening national and regional surveillance and response;
- National plan for mental health care;
- Training of health workers on mental health;
- Psychological care for children and adolescents, and the elderly; and
- Longitudinal follow-up on post-traumatic disorders and depression.

Maldives

Mr Ahmed Afaal, Assistant Director, Ministry of Health, Maldives, said that Maldives had a number of vulnerability indicators:

- It has the highest elevation i.e. it is situated 1.5m above sea level;
- It has 88 inhabited islands which face perennial beach erosion;
- Maldives has wide dispersal of population across very small islands;
- The remoteness and inaccessibility of its islands;
- It's economy is highly dependent on tourism;
- It's high import dependence and
- It has high diseconomies of scale.

Almost the entire population of Maldives was affected by Tsunami and its devastating effect was felt on its economy as a whole. The total number of deaths amounted to 82 excluding the 26 persons declared missing. The number of the injured was 1,313. Thirteen islands were totally evacuated. The damage to the health infrastructure was tremendous. Besides damage to one Regional Hospital, 2 Atoll hospitals, 14 health centres, 20 health posts and 10

family health sections were completely destroyed or severly damaged. Over 50 schools were damaged and most of the books and study material was washed away; 2,969 students were affected; 2190 houses were completely destroyed and 1940 houses were partly damaged. Over 6,786 persons, mainly women and children, were severely traumatized. These people require specialized care and professional attention. There was huge environmental damage. It consisted of coastal damage with extensive beach erosion and damage to coastal protection apparatus; beach, soil, vegation and crop damage; and coral reef damage i.e. damage caused by direct wave impact and from sedimentation and excessive amounts of debris. The disaster created a large amount of hazardous waste, demolition waste spread over impacted islands and waste produced by plastic bottles etc. There was extensive groundwater contamination.

The various constraints in responding to the needs included: geographical dispersion and the difficulties of access to islands; transport and logistical difficulties; high unit cost of delivery of relief supplies; unpredictable weather and rough seas and inadequate resources available with the Government to cope with the problems.

A National Disaster Management Centre was established. It included a ministerial committee to oversee the relief and rehabilitation measures. A Health Relief Team under the chairmanship of the Minister, Policy Communications, was set up and includes the Chief Coordinator, Technical Advice and Media, a Deputy Chief Coordinator for management of operations and inter-sectoral coordination, Coordinator (Surveillance), Coordinator (Emergency Medical Care), Coordinator (logistics), Coordinator (psychosocial support), Coordinator (Medical supplies), Coordinator (Water and Sanitation), and Coordinator (International relief and aid coordination).

A Response Plan has been formulated which consists of Emergency Response, Intermediate Response, and Delayed Response i.e. for long-term strengthening of affected health facilities and for rebuilding affected facilities so as to revert back to the normal health infrastructure. The following are the emergency and recovery needs of the country:

- Safe drinking water and adequate food supplies
- Shelter for the homeless

- Carefully controlled health and hygiene
- Rehabilitation and reconstruction of schools and health facilities
- Reinstatement of utilities including electricity, communications etc.
- Immediate psycho-social support
- Intensive and strategically designed emergency preparedness plan and establishment of Tsunami early warning system.

In addition, the WHO Representative, Dr J. Luna, informed the meeting that WHO acted promptly in response to the Tsunami by working in conjunction with the Ministry of Health and other UN agencies and NGOs. WHO placed due emphasis on supporting the Ministry of Health on establishing disease surveillance and a subsequent system of stringent monitoring measures to ensure adequate and immediate outbreak response. WHO also provided/facilitated the procurement of emergency health kits, surgical kits, ORS and chlorine supplies. The WHO Regional Office provided technical expertise in administration, water and sanitation, health care, waste management, mental health, media operations and donor relations, epidemiology and disease surveillance, and emergency preparedness and response. WHO is also pledging US$ 5,769,500 as part of the UN Flash Appeal, in order to meet the urgent health needs of the people affected by the Tsunami for the next six months. The Regional Director, during his visit to Maldives, signed the bank letter to establish the Tsunami account which will take care of the post-tsunami activities in Maldives.

Dr Luna further said that the WHO Country Office (WCO) had been expanded to accommodate additional staff. The WCO had been provided a staff member to assist in maintaining Tsunami-related accounts. Steps had been taken prevent the outbreak of communicable diseases like diarrhoea etc. A daily report was being prepared on communicable diseases.

Myanmar

Dr Soe Lwin Nyein, Deputy Director (Epidemiology), Myanmar, in his presentation indicated that the Tsunami had affected limited areas in his country. There were 61 deaths and 42 people had been injured. A total of 2592 people had been affected. The reason for the low number of fatalities was that it was a full moon day and the fishermen had not ventured out to

sea. There were also natural defence mechanisms such as underwater mountain ranges. He also informed the group about the response effort in Myanmar. Two main challenges were elaborated. These were: General Challenges – demographic/epidemiological transition, population movement and epidemics; and Specific Challenges i.e. in the areas of Infrastructure Development – logistic support, laboratory equipment, laboratory supply for surveillance of communicable diseases following disaster, transport and communication equipment, and emergency kits, and challenges faced in response capacity, in providing technical expertise, surveillance and response, coordination and collaboration, awareness, early warning system, etc. WHO was requested to provide support in situation analysis and reporting, logistic support technical support, in access to information up-dates, in improving networking and in arranging field visits. He said that the Regional Director also visited the country and assured the government of WHO's whole-hearted support in meeting various challenges.

Dr Soe Lwin Nyein thanked WHO for much-need assistance in: strengthening surveillance of risk factors and disease surveillance and response, in mapping disaster-prone areas and providing up-dates on the same. He requested for assistance in establishing an early warning system, and said that his country expected support from the Organization in the coming months viz:

- Training staff for emergency preparedness and management of activities, including mass casualty management ;
- Strengthening of capacity building
- Logistic support;
- Technical assistance;
- Information, Education and Communication;
- Strengthening infrastructure including health infrastructure; and
- Strengthening of early warning and disease surveillance systems including laboratory surveillance.

Dr Agostino Borra, WR, Myanmar, elaborated the reasons why Myanmar suffered limited damage. He said that there was a high underwater range of mountains below the Andaman and Nicobar Islands which obstructed the flow of the Tsunami when it reached Myanmar coast. Also, South Myanmar

was protected by the numerous offshore islands (Myeik archipelago). By the time the Tsunami reached Myanmar, its flow was low; and the last reason was that population density in the affected areas is low.

Dr Borra listed the immediate needs as treating the injured, rehabilitating those directly affected and rebuilding basic health facilities. The short-term needs were strengthening national and local capacities for disaster preparedness and response.

The workplan for Myanmar was focused on the following two objectives, viz:

(1) To contribute to the response of the immediate needs due to the Tsunami; and

(2) To further strengthen national and local capacities for disaster preparedness and response.

Post-tsunami, WHO is focusing on:

- Establishment of an Operations Room
- The Disaster Management and Preparedness person not yet in place and efforts are on for the same
- Limited funding for the activities, and
- Technical support being provided to all stakeholders through the Tsunami Assistance Coordination Group.

The WR listed the key issues as:

- Limited impact of Tsunami in Myanmar will result in limited fund raising;
- Available funds will be used for supporting the workplan
- Technical Assistance
- Early warning and timely response
- Post-disaster health needs assessment
- Replacement of lost assets

- Effective coordination, and
- Communication system development.

In conclusion, though the damage was limited in Myanmar, this emergency provided an opportunity to update and strengthen the National Disaster Management and Preparedness Plan.

Discussion Points

The Chairperson opened the discussions and invited Dr David Nabarro, Representative of the WHO Director-General for Health Action in Crises to raise issues. The following points were raised and discussed by the group:

- Utilities and basic services are rendered non-functional in a disaster. In this case there was no electricity, and the whole communication system collapsed. Thus, logistic support is crucial in such an event.
- An early warning system should be developed and therefore currently the issue of a strong disaster management plan is of utmost importance.
- The management of dead bodies is important. There has to be a well-defined strategy for body identification. Psycho-social support is imperative after such a large devastation.
- Coordination between various departments working together is essential. There is a need not only to coordinate but also to keep track of what is happening during that particular phase.
- The issue of clarifying WHO's comparative advantage was brought up what WHO can do that nobody else can do in such a crisis. In elaboration of the topic, it was stressed that WHO should be able to provide 100 per cent correct information to the Government and other groups on particular difficult issues. We need to be more precise about the particular role of WHO.
- Discussions on 'coordination' were raised as it was misused and misunderstood. It was summarized that coordination can be described as management of stakeholders.
- The concept of WHO as a catalyst for health action during crises was discussed. It was stated that WHO can be a catalyst in multi-faceted sensitive situations so that health services can be delivered to the people in need. An example was the delicate balance

between the Central and Provincial authorities in some countries such as Sri Lanka and Indonesia. It was posed to the group that WHO can be a bridge in such situations.

- On the issue of management of dead bodies there was a need to validate some guidelines so that they are adapted to the context and culture of the affected area. Interventions on psychosocial support should also be reviewed along the same lines.
- It was stated that there is a need to find a way to acknowledge the contribution of thousands of health workers and other people working unobtrusively in the relief and response efforts in Tsunami-affected areas.
- On the training programmes for emergency management of public health professionals, it was felt that after a number of years of training in the region, there is a need to review the effectiveness of these WHO training programmes. This was to ensure that during emergencies the same issues and gaps do not crop up. Various reasons were given for this:
  - Sometimes the wrong trainees attend the courses or the trained people are shifted to a different department.
  - There are not enough resources to train people for emergencies. The question of involving officials from other Ministries in such a training should be addressed so that other government systems are attuned to adjust during disasters
- It was pointed out that WHO should assist in institutionalizing emergency and disaster management programmes in Ministries of Health to create the necessary preparedness and response capacity.

It was stated that this disaster was handled well by all countries. The governments responded well to the emergent situations and there was very good support from the international agencies. It was very important to incorporate it in the lessons learned, and to systematize the lessons learned out of this disaster. The following needs were identified:

- WHO should articulate and express its technical opinion on matters which impact on public health ensuring that information is accurate

- During the early response phase the country needs immediate assistance and at that time strengthening of the government machinery is needed
- The contribution of NG0s in such a situation should be recognized and tapped in preparedness and prevention efforts
- WHO can play a role in filling the resource gaps in response.

The Regional Director said that strengthening of national capacity and capability was important for WHO. This time it was an unprecedented disaster and it was a test on the preparedness of health systems. WHO should assist in strengthening national capacity in this area. There was a need to formulate a systematic approach in trying to achieve this. This would also include evaluation of the Emergency Preparedness and Response Programme. The Regional Director also agreed with the need to institutionalize disaster management in Ministries of Health, and said that we have to train more people although many have already been trained, and devise a mechanism to ensure the capacity utilization available at the country level.

Summing up the discussions, the chairman acknowledged that the Tsunami disaster had been well managed and the support of WHO was much appreciated. The contribution of WHO was very important. He said that efforts should be made by WHO to do more in the areas of preparedness and response. WHO and countries need to have closer interaction during crises.

7. ROUND TABLE DISCUSSIONS : REHABILITATION OF THE HEALTH SECTOR IN TSUNAMI-AFFECTED AREAS

The participants discussed the following issues:

(1) WHO's role in health protection and disease prevention (**Moderator**: Mr Ahmed Afaal, Maldives);

(2) WHO's role in health services delivery enhancement (**Moderator**: Dr S.J. Habayeb, WR-India);

(3) WHO's role in health policy and coordination (**Moderator**: Dr Muharso, Indonesia).

Discussion Points:

Health Protection and Disease Prevention

- The experience had highlighted the need for improved early warning systems, surveillance strategy and systems including strengthening of laboratories and logistics. Maldives had experienced acute problems on account of logistics. This was an area that called for collaboration between governments and WHO, for successful implementation of the programme.
- WHO had been able to successfully mobilize the press and media in the immediate aftermath of the Tsunami catastrophe. Many of the mediapersons were aware of WHO and its activities and showed knowledge of health aspects of such disasters. Donors and other agencies had looked towards WHO for guidance, and this trend should continue and expand in future. Increased photo coverage of what was happening in the rebuilding and rehabilitation phase had contributed to greater awareness of WHO's role.
- WHO and the countries have to adopt a novel approach to the role of mass media. Data and objectives had to be clearly outlined, and the knowledge and pool of health professionals as resource persons capitalized. It was noted that there had been no recent instance of such a catastrophe on such a huge scale. Knowledge of events that occurred many decades ago was not likely to be of much help, since medicine and technology had made great strides, as also communications.
- The issue of body disposal was extremely important. It was imperative that the health sector took primary responsibility for this function to dispel doubts that dead bodies caused infection. This area needs greater WHO support and attention. Other areas of attention needing clear guidance from WHO are: vaccinations, essential medicines and drugs, nutrition and risk communication.
- Various aspects of the role of NGOs in the event of a disaster such as the Tsunami needed to be looked into. To a great extent, NGOs were extremely important and needed to be encouraged. Clear guidelines and coordination need to be clearly laid down. WHO cooperation is expected in this area.

- There was continuing need to involve the media and civic leaders. The question of rumours in a post-disaster situation requires greater attention so that health workers in the field could be properly advised and informed. Success stories of the recent past may be compiled and disseminated, as these would be a source of inspiration and would also highlight lessons learnt and improvements needed.
- Early warning systems for natural hazards are crucial in any crisis situation to facilitate early intervention.
- WHO should help turning this disaster into an opportunity to re-establish and strengthen the health systems in countries. As a technical agency, WHO had an important role to play at the central and district levels.
- In the medium-term, strategies for prevention and control of diseases need to be clarified and described. This includes expanding psychosocial support for health workers involved in relief and rehabilitation work.
- WHO should take steps to strengthen health information system, communications and the disaster preparedness system in the countries.

Health Services Delivery

- The following issues were raised related to health services delivery: field hospitals; information management for supplies. Guidelines from WHO are available but this needs activities for follow-up.
- Restoration and rebuilding of infrastructure deserves high priority. This includes reducing structural and non-structural vulnerability of health facilities to various hazards.
- There is a need to focus on environmental health in emergencies. There should be better consensus within countries, to see that issues on water and sanitation, food safety and waste management are dealt with systematically with the roles of agencies and governments clearly defined.

- There is a need to expand surveillance to more than just communicable diseases. This would include mental health and nutrition.
- Clarification on the role of WHO support for Internally Displaced Persons (IDPs) and their rehabilitation is needed so that there is a balance in our activities with health authorities and that of facilitating public health services to IDPs.
- The importance of disaster preparedness was also brought up as also the need to in integrate this with the health systems and services. Some specialists are also assisting in this regard: eg, the Indian Paediatric Academy has training on paediatrics in emergencies.

Many issues were left open due to other factors and complexities, the group agreed that further discussion and follow-up will be conducted.

Health Policy and Coordination:

- As a specialized UN agency for health, WHO has the mandate for coordinating international health and health-related issues. This has been re-iterated in several Governing Body resolutions.
- The importance of institutionalized Disaster and Emergency Management Programmes in countries has been raised and should be supported by WHO. Such programmes will facilitate the coordination role of Ministries of Health in emergencies.
- Problems in coordination can be avoided with joint planning.
- Training a core of health coordinators for emergencies is an initiative for which the emergency programme of WHO should take forward.
- The coordination role of WHO in disaster and emergency management can be expanded to address public safety issues such as mass gatherings and airport emergency response plans.
- WHO should assist in inter-Ministry and inter-sectoral coordination in order to deal with natural disasters. Medical care, water and sanitation, shelter and international communications all merit equal attention, and WHO can assist the Member States in this regard.

8. CONCLUDING REMARKS BY THE REGIONAL DIRECTOR

In his concluding remarks, the Regional Director appreciated the work of countries in responding to the disaster. He reviewed the purpose of the workshop which was to close information and communication gaps; arrive at a better understanding of issues and agree on the way forward, especially on how to manage the activities for the workplans for the Tsunami Operations. The Workshop also clarified the expectations from WHO by the Ministries of Health and the kind of support needed for the medium and long term. He thanked the participants for their active participation and commended Dr Luis Jorge Perez, RA EPR, for his work.

Recommendations

The countries' response to this disaster of unprecedented magnitude was rapid and remarkably efficient. Country representatives unanimously acknowledged the important role WHO played in supporting their efforts and in facilitating coordination with other international as well as nongovernmental organizations. WHO's rapid response was highlighted. The group made the following recommendations

General

- WHO and the Ministries of Health along with other health actors should address the health needs of the affected population in three broad areas of public health:
  - Health Services Delivery Enhancement
  - Health Protection and Disease Prevention
  - Health Policy and Coordination
- WHO should conduct tsunami-related recovery and rehabilitation activities according to agreed workplans for the health sector through coordinating mechanisms that are agreed upon with national and sub-national health authorities
- WHO in working with the media needs to :
  - strengthen dialogue with media involving religious and civil society leaders in order to get coverage for health information and protect health, investments, and the national economy;

- encourage the reporting of success stories to the general public eg no outbreaks, good surveillance systems set-up, and
- prepare health messages for the media based on current scientific knowledge.

- WHO should strengthen its capacity to identify and address the gaps for public health services not covered by other health actors in an emergency.
- WHO will specifically support:
  - Emergency Preparedness and Response in the South-East Asia Region with the main goal of supporting Member States in the institutionalization of emergency preparedness and response programmes in Ministries of Health;
  - Increasing concerted efforts in disaster preparedness at country level to reduce the vulnerability of health installations and water systems to future disasters;
  - Ensuring that disaster risk reduction and preparedness are addressed by current and future appeals for funding, and
  - Conducting exercises that will gather lessons learnt and document various experiences during the Tsunami disaster and ensure that these are included in preparedness plans.

It was proposed that **WHO's role** be enhanced in the following areas:

Health Protection and Disease Prevention

- Provide technical assistance to Ministries of Health and other partners especially in the area of immunization in emergencies and ensuring the quality of medicines, vaccines and health supplies
- Assist in adapting guidelines appropriate to the social and cultural context of the Region with regard to management of dead bodies
- Strengthen capacities in health risk communication
- Assist in the expansion of surveillance systems to cover other health issues such as mental health and nutrition as well as strengthening of laboratory networks

- The role and responsibility of WHO in the area of environmental health, specifically water quality, sanitation and clinical waste management should be clarified and communicated
- Strengthen support in health and hygiene promotion and vector control

Health Services Delivery

- Focus on strengthening the national health system at district and provincial levels including increased availability of health services for Internally Displaced Persons and availability of primary health care services
- Assist Member States in structural and non-structural vulnerability assessment and interventions for health facilities
- Assist MoH on other important issues such as: field hospitals; management of essential medicines and drug donations.

Health Policy and Coordination

- Support the coordination role of the Ministries of Health
- Coordination of actors within the UN system and the International Federation of the Red Cross
- Assist in the management of stakeholders including NGOs
- Facilitate joint planning and programming for preparedness with MoHs
- Develop a training programme for health coordinators in emergencies.

Annex 1

PROGRAMME

1. Opening
   Dr Samlee Plianbangchang, RD

2. Regional Summary of WHO/SEARO Action for the Tsunami

   – Donor Coordination and Partnerships
     Dr Poonam Khetrapal Singh, DRD

   – Technical aspects of Tsunami operations
     Dr Bjorn Melgaard, DPM

Relief Efforts in Tsunami-Affected Countries

3. Overview of Country Implementation Activities
   Presentations by Country Teams (WHO and Ministries of Health)
   (30 minutes each)

   - Indonesia
   - Sri Lanka
   - Thailand

4. Presentations by Country Teams (WHO and Ministries of Health)
   (30 minutes each)

   - India
   - Maldives
   - Myanmar

5. Key Issues for Discussion
   Moderator: Dr Georg Petersen, WR, Indonesia

6. Panel Discussion on the Implementation Strategy

Rehabilitation of the Health Sector in Tsunami Areas

7. Round Table on WHO's Role in Health Protection and Disease Prevention
   Moderator: Mr Ahmed Afaal (Maldives)

8. Round Table on WHO's Role in Health Services Delivery Enhancement
   Moderator: Dr S.J. Habayeb, WR, India

9. Round Table on WHO's Role in Health Policy and Coordination
   Moderator: Dr Muharso (Indonesia)

10. Plenary Session: Agreements and recommendations
    Dr David Nabarro

11. Closing session

Annex 2

LIST OF PARTICIPANTS

Indonesia

Dr Muharso
Head, Human Resources Development Board
Chairman, Health Development on
Aceh and North Sumatra Provinces for
post-Tsunami Disaster

Dr Dotti Indrasanto
Head, Emergency health Response
Ministry of Health

Mr Imam Subekti
Division of International Affairs
Bureau of Planning
Ministry of Health

Dr Georg Petersen
WHO Representative

Dr Eigil Sorensen
Special Envoy for Tsunami
Aceh, Indonesia

Dr Lokky Wai
Sr. Planning Officer
WHO Country Office

Mr Mohamed Rasheed
Programme & Administrative Officer
WHO Country Office

Dr Rodger Doran
EHA Coordinator in Jakarta
WR Indonesia Office

Sri Lanka

Dr Nihal Abeysinghe
Epidemiologist
Ministry of Health
Colombo

Dr Kan Tun
WHO Representative

Dr S. Puri
Technical Officer
(Programme & Management)
WHO Country Office

Dr Bipin Verma
EHA Focal Point
WHO Country Office

Mr M.R. Kanaga Rajan
Administrative Officer
WHO Country Office

India

Dr S.P. Agarwal
Director-General of Health Services
Ministry of Health & Family Welfare

Dr S. J. Habayeb
WHO Representative

Dr Paramita Sudharto
Public Health Administrator
WHO Country Office

Mr A.K. Sengupta
EHA Focal Point
WHO Country Office

Mr Sushil Kumar Sharma
Planning Focal Point
WHO Country Office

Thailand

Dr Supachai Kunaratanapruk
Deputy-Permanent Secretary
Ministry of Public Health

Mrs Piyachat Cheuntrakool
General Administrative Officer
Office of the Permanent Secretary

Mrs Tarntip Karunsiri
Foreign Relations Officer
Bureau of Policy and Strategy

Dr William Aldis
WHO Representative

Dr Elisabeth Emerson
EHA Focal Point
WHO Country Office

Ms Laksami Suebsaeng
Technical Officer (AIDS)

Maldives

Mr Ahmed Afaal
Assistant Director
Ministry of Health

Dr Jorge M. Luna
WHO Representative

Dr Ohn Kyaw
Medical Officer (Management)
WHO Country Office

Myanmar

Dr Soe Lwin Nyein
Deputy Director
Central Epidemiological Unit
Department of Health

Dr Agostino Borra
WHO Representative

Dr Anshu Banerjee
EHA Focal Point
WHO Country Office

Mr P.P. Singh
Programme & Administrative Officer
WHO Country Office

WHO/HQ

Dr David Nabarro
Representative of the Director-General
DGR/HAC

Dr Marie Andree-Diouf
Director, CCO/HQ

Dr Mukesh Kapila
HAC/HQ

Dr Jules Hendrikus Pieters
HAC/HQ

Dr Stefano Lazzari
Director
WHO/CSR Office in Lyon
Department of Communicable Disease
Surveillance and Response

Mr Andrew Saunders
HAC/HQ

WHO Secretariat

Dr Samlee Plianbangchang
Regional Director

Dr Poonam Khetrapal Singh
Deputy Regional Director

Dr Bjorn Melgaard
Director, Programme Management

Dr Claude de Ville De Goyet
Adviser to the Regional Director

Ms Ann T. Van Hulle-Colbert
Director, Administration & Finance

Dr Than Sein
Director
Department of Health Systems Development

Dr N. Kumara Rai
Director
Department of Communicable Diseases

Dr Abdul Sattar Yoosuf
Director
Department of Sustainable Development
& Healthy Environments

Dr Sawat Ramaboot
Director
Department of Noncommunicable
Diseases & Mental Health

Dr Myint Htwe
Chief
Internal Review and Technical Assessment
Regional Director's Office

Dr J.P. Narain
Coordinator
HIV/AIDS & TB

Dr P.T. Jayawickramarajah
Coordinator
Strengthening of Health Systems

Dr A.S. Abdullah
Coordinator
Communicable Diseases Control

Dr Brent Burkholder
RA in-Charge
Immunization & Vaccine Development

Dr Luis J. Perez
Regional Adviser
Emergency Preparedness & Response

Dr R.M. Brooks
Planning Officer

Dr Lin Aung
Programme Development Officer

Mr Daniel J. Walter
Budget and Finance Officer

Ms Jyotsna Chikersal
Informatics Systems Management

Ms Harsaran Bir Kaur Pandey
Public Information & Advocacy

Dr Roderico Ofrin
STP-EPR

Mr Salil Agrawal
NPO (Planning and Management)

Mr S.K. Gupta
Administration

Mr J.C. Juneja
Administration

Mr D.P. Marwah
Administration

Mr R.K. Arora
Administration

Annex 3

OPENING STATEMENT BY THE REGIONAL DIRECTOR

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 Northern, Eastern and Southern 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 Health Action in Crises team in WHO Headquarters.

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 Indondesia. 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 at 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: surveillance and response, including early warning systems to prevent disease outbreak; coordination of health activities for the efficient relief operations; 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: supporting partners in the government in implementing effective public health action; ensuring quality, coverage and accessibility of primary health care services; coordinating and networking different groups that contribute to the provision of health services to the affected population; and 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 its successful conclusion.

Thank You