



Tsunami recovery process focuses on long-term health capacity development

The tsunami of 26 December 2004 was one of the worst natural disasters in recent memory. Six months after the tragedy, the rebuilding and recovery process has provided an opportunity for the health sectors in the affected countries, assisted by the World Health Organization (WHO), to strengthen their health systems in a long-term, sustainable manner. Local health capacity and infrastructure are being fortified and local people have been trained in skills that will serve their communities better.

According to Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, “The aftermath of the tsunami presented a great public health challenge to WHO. However, every disaster presents opportunities to both countries and international agencies to strengthen their capabilities and capacity.”

Health systems in many affected countries had been devastated by the tsunami. For example, in Aceh, Indonesia, 53 of the 244 health facilities were destroyed or severely incapacitated. Fifty-seven of the 497 provincial health office staff died, while 59 were reported missing. WHO assisted the health sectors of the affected countries, at their request, in strengthening their resources and in setting up systems where they had been destroyed. In meeting the needs of the affected areas, WHO also provided technical guidelines, and medical supplies. Resources were mobilized in partnership with the government health authorities.

The large numbers of displaced persons, crowded conditions, flooding and a vulnerable population posed an increased risk of communicable diseases following the tsunami. However, timely establishment of disease surveillance systems by health authorities, helped prevent any major outbreak. In Aceh, so far, the surveillance team has responded to 352 cumulative cases through alerts and response systems. This system of epidemiological surveillance and outbreak response system will now be used as part of the routine integrated disease surveillance.

In India, with assistance from WHO, the state of Tamil Nadu had established disease surveillance units in four of the worst affected districts in the state. Surveillance for both water and vector borne communicable diseases was established. Except for sporadic cases, no major outbreak was reported from the affected communities. A mass measles and vitamin A immunization campaign reached out to more than 75,000 children below 5 years of age.

Damaged hospitals and clinics were also upgraded and equipped with relevant instruments and resources. In Aceh, for example, the Meulaboh District Laboratory as well as the Provincial Food and Drug laboratory have been equipped by WHO. In the Maldives, the Public Health Laboratory has been provided with laboratory equipment such as a water purification system and accessories to assist in surveillance and monitoring of chemical and microbiological contaminants in food.

As part of the United Nations country team, WHO is working closely with the government in the Maldives in the ‘Recovery Plus’ process. Here, the challenges of the tsunami disaster are being transformed into opportunities to accelerate sustainable long-term development. Three thousand drums have been procured for collecting hazardous waste from tsunami-affected

islands, and 13 health professionals have undergone training to develop and implement a national strategy for management of healthcare waste. With a view to long-term, sustainable use of water resources, 'template' water safety plans are being developed, and the needs for water quality surveillance assessed. Draft guidelines for food safety have been developed and 25 food inspectors trained.

In India, through local efforts, WHO has initiated rigorous water quality monitoring and social mobilization for environmental sanitation and hygiene in the relief shelters in the worst affected district in Tamil Nadu. In addition, a long term project to monitor the changes in ground water quality following the disaster has been initiated in all the coastal districts of Tamil Nadu.

All tsunami-affected areas are currently focusing on capacity building.

This is also the first time that modern technology for forensic identification of bodies has been used on such a large scale following a natural disaster. In Thailand, the Ministry of Public Health is being assisted by WHO in over 30 projects, including forensic science, the architectural engineering aspects of building hospitals and other public health infrastructure in disaster-prone areas, mental health (particularly in the long term psychological effects of disasters on children), and capacity building in disease surveillance as well as development of mobile emergency response units.

Mental health of the affected populations has been a key concern. In every affected country, WHO, along with the concerned governments, has provided training for psychosocial support, with help from the communities. This emphasis on mental health in the tsunami-affected countries has set in motion some far-reaching changes. The Sri Lankan government plans to review its national mental health act and mental health policies. In Indonesia, Aceh will become the first province to have community mental health services. In India too, a framework for providing psychosocial support, including a referral care system has been initiated in the affected districts of Tamil Nadu, Kerala and Andhra Pradesh. More than 3000 "Community Level Workers" have been trained and are actively providing support to the affected communities

In the next six months, WHO will continue to work with governments to improve health sector responses to natural disasters, so that more lives are saved in the future.

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