

Session 1.2: National Health Perspectives of the Tsunami Crisis

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Abbreviations:

NGO = non-governmental organization
 UN = United Nations
 WHO = World Health Organization

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Abstract

This is a summary of the presentations and discussion of Session 1.2 of the Conference, *Health Aspects of the Tsunami Disaster in Asia*, convened by the World Health Organization (WHO) in Phuket, Thailand, 04–06 May 2005. The topics discussed included issues related national health perspectives as pertaining to the responses to the damage created by the Tsunami. It is presented in the following major sections: (1) key questions; (2) discussion; (3) what was done well?; (4) what could have been done better?; and (5) what can be done to prepare for the future?.

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Background

The national and local health authorities, in conjunction with various governmental agencies, provided immediate responses and relief following the event in all of the Tsunami-affected countries. The pressing health needs of survivors were met through national systems, their structures, and coordinating mechanisms of response. Most, if not all, of the non-governmental organizations (NGOs), United Nations (UN) agencies, donor groups, and other humanitarian actors were working within a framework set by national authorities.

Each national health system has a different set of mechanisms and systems to respond to emergencies. In some, it is decentralized, while in others, coordination and control rests with the national health authorities. The roles that other government agencies (apart from Ministries of Health), such as military authorities, played to assist in the delivery of health services also varied. It is from these varied perspectives that the health-sector action was discussed.

As such, participants in the session specifically discussed the following issues:

1. The magnitude of the disaster in various countries and its impact on communities, highlighting morbidity and mortality trends, and the impact the event and the disaster had on the health sector, particularly the health workforce and facilities;
2. Organizational structures and processes for health sector preparedness and response; and
3. Description of the key lessons, which included answering the questions:
 - a. What was done well?;
 - b. What could have been done better?; and
 - c. What can be done to prepare for the future?

Specifically, the discussions: (1) forecasted how the lessons from this disaster can improve national capacity building efforts of Member States in the area of disaster and emergency management; and (2) provided recommendations

to improve the international system for assistance to the health sector during disasters.

Key Questions

The panellists focused their discussion on the following 12 questions:

Needs Assessment

1. What systems were in place to ensure that these assessments conducted systematically in any event?
2. How did national authorities conduct assessments for the emergency (e.g., through local authorities, joint teams, availability of prepared assessment forms, and logistics)?
3. Were assessment teams in place and ready for deployment? If not, how long did it take to form such teams?
4. How did national authorities coordinate various needs-assessment missions for health and nutritional issues from external agencies and groups?

Coordination

5. In the Ministries of Health, which unit was the main coordinating body during the Tsunami?
6. Is there an emergency preparedness and response program that is institutionalized to take on this responsibility in case of an emergency?

Gap Filling

7. How well was the identification of gaps linked to the assessments conducted?
8. How were the Ministries of Health organized to fill the gaps in response?
9. In this aspect, how did national authorities identify which gaps must be filled by a particular agency or donor?

Capacities

10. Which of the systems and plans were tested and in place, and also proved successful during the disaster?
11. From previous training programs conducted in disaster and emergency management, which of the trainees were tapped to assist or in place prior to the event?
12. What policies or pieces of legislation proved useful in the management of the Tsunami disaster?

Discussion

The Tsunami was a large-scale emergency that challenged the existing mechanisms for responses by the national and local authorities. Although there are differences in the magnitude of the impact of the event in each country, the challenges and burdens placed upon health systems were tremendous in all the affected countries.

Indeed, the work of national health authorities in Thailand is highly commendable, considering the urgent health services required for responses despite the damage incurred. The premise that a resilient and prepared health system can respond better to an emergency was demonstrated during this disaster.

Each of the speakers noted that the extent of damage resulting from this event further emphasized the various risks and hazards with which inhabitants of these communities live. These risks can be reduced with programs on

preparedness, damage mitigation, and prevention, based on risk assessments and proper, appropriate methodologies.

What Was Done Well?

1. Health authorities, in cooperation with health actors, promptly took the lead in the establishment of surveillance systems. As such, they provided early detection of diseases with epidemic potential and prevention of outbreaks;
2. The international community responded relatively rapidly to address gaps in the national responses;
3. Different branches of the governments worked together; and
4. There was good inter-country cooperation.

What Could Have Been Done Better?

1. Coordination of action of various health actors, particularly international organizations, was highlighted as an area needing improvement. In this overwhelming disaster with equally overwhelming responses, management of the humanitarian response, synergy of goals, and maximizing the use of resources to achieve a common end for the health of the survivors proved to be a greater challenge than in previous emergencies.
2. Although addressed, the technical areas needing improvement included: (1) water and sanitation; (2) mental health and psychosocial care; (3) surveillance systems; (4) management of dead bodies; and (5) health information systems. These various aspects of public health have equal importance and are critical components of the approaches needed in emergencies.
3. As the disaster progressed, assessment methods were not available in some of the countries. Corollary to this, monitoring and information systems to follow-up on what was done well in the Tsunami responses and recovery in all of the countries were lacking.
4. National representatives also mentioned that communication and logistics are areas that must be strengthened in preparedness and during responses.

In summary, with the exception of a few countries, basic and fundamental structures, as well as expertise for preparedness and response, must be put in place.

What Can Be Done to Prepare for the Future?

The Tsunami forced national authorities to re-think their focus and approaches toward disaster management. At the same time, the Tsunami experience demonstrated that the preparedness of health systems can alter the quality and speed of the response to a disaster. Integrating disaster preparedness and making this a priority in health agendas, policies, and programs of the Ministries as a cross-cutting goal are keys to reducing vulnerabilities of communities and nations.

Institutionalization in national and local health authorities is an initial, key step in preparedness. The efforts by the national and local authorities that focus on health systems to support preparedness initiatives and responses are fundamental. Supporting legislation and policies are important in providing these authorities the mandate and

resources to respond and act accordingly. For countries with disaster management arrangements in place, the Tsunami has provided the impetus for current initiatives for a review of existing policies, legislation, structures, and administrative procedures.

National mechanisms should frame collaboration between all of the stakeholders to support preparedness initiatives and responses in the health sector. Clearly, addressing gaps of Ministries and finding synergies among donors, national and international organizations, and multilateral and bilateral organizations, will enhance the capacities of countries in this area.

Adopting a community-based approach would be a sustainable strategy for preparedness and responses. Several initiatives are under way and include the Rural Health Mission in India and the Safe Communities Initiative in

Indonesia. Community approaches and structures to support existing disaster management actions are key priorities in the six months of recovery and long-term preparedness following the Tsunami.

Summary

The importance of preparedness cannot be overemphasized; there are different systems in different countries, and prioritizing the next steps in enhancing preparedness is essential, so that capacities can be built systematically with the greatest efficiency and efficacy. Inter-country and inter-regional cooperation through the development of a network in the region is needed to allow exchange in the support for responses and recovery needs and gaps. More consistent capacity building of emergency health practitioners also may be better achieved through this exchange network.