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Tsunami Special 2005

# MESSAGE

from the Regional Director



Few events in recent history have had such a severe and widespread impact on South-East Asia as the Tsunami of 26 December, 2004. In a matter of hours, six countries in the Region were devastated by the giant waves, hundreds of thousands were killed and millions affected. The unprecedented scale and intensity of the disaster also evoked a global response as sympathy and support poured in from all parts of the world.

Right from the beginning it was clear that the public health challenge following the Tsunami would be extraordinary. Initially, WHO tapped its vast in-house expertise to respond immediately. Fortunately, at SEARO we have the technical expertise and experience that few can match. We responded immediately, both at the country and at the Regional level. Indeed, within days, more than 200 experts were mobilized from across the world to ensure timely and effective assistance.

Initially, in addition to injuries, the biggest fear was of outbreaks of communicable diseases. The stagnant brackish water left behind by the Tsunami in the hot tropical climate, was an ideal breeding ground for disease-causing organisms. WHO prepared guidelines and worked with governments, other health sector agencies and partners to prevent such outbreaks. Thanks to these concerted efforts, there were no major outbreaks in the affected areas.

The mental health of those affected was also a matter of great concern; WHO experts played a major role in providing training and guidelines to tackle this problem. The trauma, for many,

has been made worse by the number of unidentified bodies, making it difficult for relatives to give up hope. WHO is working closely with governments to improve the forensic identification of bodies.

In the process of meeting the health challenges of the Tsunami, the health sectors of many countries have strengthened their delivery systems. Local health capacity and infrastructure have been fortified. Local people have been trained in skills which they will always be able to use. Destroyed hospitals have been rebuilt according to modern specifications, to serve their communities better.

Most importantly, the lessons we have learnt from this experience will enable us to be better prepared and respond more effectively to such events. Six months after the Tsunami, we must take these lessons to heart to ensure that more lives are saved in the future, and that we learn to cope with the aftermath of such disasters.

Dr. Samlee Plianbangchang  
Regional Director  
South-East Asia Region

*The SEAR Deputy Regional Director, Dr. Poonam Khetrpal Singh leads a team of partner agencies to the SEARO Tsunami Operations Room*



# SEARO's

## Response to the Tsunami

For many people across the world, the last couple of weeks in December are usually vacation time. This was also the case at the WHO Regional Office for South-East Asia. Many of the staff were with their families, in different parts of the world, when the Tsunami occurred on 26 December, 2004.

The first inkling that something was very wrong came from a frantic phone call to the Regional Deputy Director, Dr. Poonam Singh from the WHO Representative in the Maldives, saying that they were being flooded. On switching on the television, it soon became clear that a major disaster was at hand. Immediately, the Regional Director, Dr. Samlee Plianbangchang, set into motion a series of actions to deal with the situation.

Dr. Samlee assigned his Deputy Regional Director, Dr. Poonam Khetrpal Singh to be in charge of all aspects of the operations for the months ahead. The very next day, following an emergency meeting of senior SEARO staff, a 24 hour Operations Room was set up in the Regional Office to coordinate all emergency efforts in the Region. A 100-day strategy and plan of action were immediately devised.

As staff heard the news, they flew back to New Delhi from all over the world to help set up the relief efforts. Dr. Luis Perez, Regional

Adviser, Emergency Health in Action (EHA) at SEARO, was in Venezuela when he first heard of the Tsunami. He took the first available flight back to coordinate the efforts.

In what was to be WHO's biggest ever emergency response, the Organization worked in close concert between WHO Headquarters, the South-East Asia Regional Office and the affected countries, with the Regional Office taking the lead as so many countries in the Region were affected.

Phones in the Operations Room rang constantly, as those involved tried to respond to the urgent needs from the affected countries. Through emails, phone calls, tele – and video-conferences, there was constant communication between WHO headquarters in Geneva, the Operations Room at SEARO, and the WHO Country Offices.

Two cells were set up – one focused on technical issues, while the other provided information. Daily situation reports and regular media briefings kept the public informed. Providing correct information to the public was particularly important, as myths did their rounds. A case in point is dead bodies, which were swiftly buried in mass graves, without proper identification, for fear of spreading disease. WHO consistently spread the public health message that dead bodies

do not spread disease and that it was vital that bodies were disposed in culturally appropriate manners so as to avoid further trauma to survivors.

Working round the clock, those in the Operations Room tried to mobilize experts for the worst-hit areas. Water and sanitation were the initial concerns. In most countries, systems did not collapse, but, in the worst-hit areas, like Banda Aceh, the health sector was devastated. Technical guidelines were prepared and adapted to meet the necessary needs.

The needs changed with time. Soon after the water and sanitation experts had arrived, epidemiologists were needed to ensure accurate monitoring of any disease outbreaks. Later, logisticians were in demand, as supplies poured in from across the world. Supply chains needed to be organized to ensure that the medicines and other supplies quickly reached those who needed them most.

There was no shortage of volunteers, however, as WHO staff rallied around in the emergency, and offered all assistance they could. Staff from various units in SEARO, as well as the headquarters and other Regions, were mobilized and sent to the affected areas.

The post-disaster efforts are now moving from the emergency to the rehabilitation and rebuilding phase. SEARO is once again coordinating efforts to work with governments and other partners to provide resources where they are needed.

WHO is working closely with Indonesian health authorities in preventing disease outbreaks



# INDONESIA

## On the Road to Recovery

It was a pleasant Sunday morning on 26 December 2004 when the huge, deadly Tsunami wave swept Banda Aceh and Meulaboh and claimed about 130,000 lives.

Dr. Georg Petersen, WHO Representative to Indonesia, was in Bali for his vacation with his family and friends when it happened.

"I heard about the disaster from CNN and BBC. Only in the afternoon did I realize that it was not just an ordinary disaster," he says.

Dr. Petersen knew right away that he needed to return to his office in Jakarta. WHO had an office in Banda Aceh with three staff, drivers and secretaries. There was no news of them as all communication lines were down.

After two agonising days, good news came that all the staff were safe. That was when a team from Jakarta finally reached the Sultan Iskandar Muda airport, Banda Aceh.

The WHO office in Jakarta has been extremely busy ever since. A new office at a new location was soon established in Banda Aceh with more staff and facilities to assist in emergency relief.

Many of the current local staff were victims of the Tsunami themselves. They lost their family members, houses, business... everything.

However, despite their huge loss, now they are working together for the future. For a better Aceh.

For the local people, working with WHO was a big relief as it helped them to cope with their own loss and grief.

At the management level, disaster management meetings were held to formulate what the office should do together with the government, other UN agencies, as well as non-government organizations.

As of today, six months after the disaster, WHO has been working closely with the Ministry of Health and other NGOs in improving the health services in Aceh.

Dr. Anshu Banerjee, the WHO Field Operation Manager in Banda Aceh who joined the emergency relief team in early April, said that the

emergency disease surveillance work was going on well. No serious disease outbreak had taken place.

"We also supported the Provincial Health Office which lost some 15 percent of their staff," adds Dr. Banerjee.

For doctors, nurses, midwives and other professional health workers in Aceh, it was not easy to continue their work on helping out other people while they themselves had lost loved ones.

To fill the gap, WHO organized and facilitated several training workshops for the local health staff in different areas.

Training for nurses and Puskesmas to deal appropriately with people having mental health problems will be conducted in July, while training for sanitarians from 259 districts will be held as a collaboration with UNICEF.

WHO also successfully coordinated the provision of guidelines and standards for many health-related issues.

A workshop on hospital revitalization developed a blueprint, which also involved the Ministry of Health and the Gadjah Mada University.

Technical support, guidelines and job training for nutritionists in Puskesmas Seulimum, Aceh Besar and all health centers in Aceh Utar were also organized.

However, the work is not yet complete. In the future, WHO will continue to implement the workplan with the funds generated by the flash appeal.

*A Tsunami orphan*



# INDIA

## Making Progress

The earliest information about the Tsunami was received on 26 December 2004 through the television news channels. By mid-afternoon a broad picture of the Tsunami-affected areas, which included the states of Tamil Nadu, Kerala, Andhra Pradesh and the Union Territories of Pondicherry, Andaman and Nicobar, was available from various TV channels, such as BBC and CNN.

Within 6-8 hours of the disaster, there were reports of deaths and loss of property within 2-3 kms of the sea coast. It was realized that the situation was grave and needed prompt action.

Dr. Salim Habayeb, WHO Representative to India, who was on vacation, decided to return and resume charge. He immediately contacted the WHO Country Office and the Regional Office.

Subsequently, an Operations Cell was established in the WHO India Office and regular liaison was maintained with the WHO Regional Office and Headquarters. Liaison with the Ministry of Health, state governments and development partners was established on a day-to-day basis.

Resources were mobilized. National staff and nine consultants from the polio and TB projects were deployed for field operations in Tamil Nadu, Andhra Pradesh and Kerala. Twenty-eight Technical Guidelines were provided to the Central Government, state governments and partners. Four Disease Surveillance Units were established and adequately equipped in Tamil Nadu's worst affected districts of Nagapattinam, Kanyakumari, Cuddalore and Kancheepuram, to report the daily status of communicable diseases in the affected areas. WHO, along with UNICEF and UNDP, developed a framework for providing psychosocial support to affected populations. Medical supplies were sent, and assistance provided for the immunization of children.

WHO played a key role in coordination and liaison, and in providing training and technical assistance in areas including disease surveillance, water and sanitation and psychosocial support.

In the first three months after the disaster, the supplies and manpower from the Government and different UN organizations were mobilized.

In the next three months, WHO supported the following activities:

- Documenting the state health sector's response to the disaster with regard to its appropriateness, timeliness, methods used, challenges faced, follow-up actions and lessons learnt.
- Strengthening health systems to improve the monitoring and functioning capacity.

The biggest challenge in the past six months was in mobilizing the limited manpower available at the WHO India Office for Tsunami relief activities, and to rapidly mobilize funds and resources to support activities in the field.

While continuing the activities initiated during the past six months, some of the additional activities planned for the next six months include:

- a) A pilot for establishing Adolescent Friendly Health Services and capacity building of health care providers in the district of Nagapattinam.
- b) A data management system for monitoring primary and referral care institutions.
- c) Strengthening of the Health Care Waste Management System in government hospitals in the Tsunami-affected areas of Tamil Nadu.

*Providing safe water was one of WHO's prime concerns*



# SRI LANKA

## A New Beginning

On 26 December, 2004, like many others, Dr Kan Tun, the WHO Representative was on vacation in the UK. "Initially," he says, "I was informed by a colleague in the Regional Office, about the Tsunami, and immediately checked the situation with my Country Office. While monitoring the news, I ascertained that at least 80% of the coastal belt was affected." He immediately decided to return to Sri Lanka.

His first act on return was to divide some of the Country Office team, already working 24 hour shifts, into three groups. These groups were then sent to the North, East and South of the island to conduct the first rapid assessment. Emergency health kits and water purification tablets which were available in the stores were dispatched immediately to the affected areas.

WHO was immediately appointed as the Health Sector coordinator within the UN. Accordingly, WHO supported a coordination mechanism established in the Ministry of Health, which effectively facilitated the restoration of basic health services through national and foreign mobile teams.

An Emergency Task Force and an Operations Room were set up, to mobilise resources, in terms of materials, funds and technical expertise. The situation was constantly monitored and analysed. An international coordination group was also established and continues to meet regularly in the WHO Office. It monitors, discusses and plans cohesive response and long-term activities.

While the scale of the disaster was massive, WHO had a tremendous advantage. This was the first hand knowledge of the affected areas, because of the Organization's active and ongoing involvement in strengthening the health system in those regions prior to the Tsunami.

A good understanding of the unique local culture of each area, and the relationship building between WHO staff and the district health sector representatives and communities, proved invaluable in responding effectively. GIS mapping ensured accurate information on damage, enabling effective strategies for rescue management.

In terms of on-the-ground action, WHO contributed in many areas: Treatment of the injured was obviously the key factor in the days immediately following the Tsunami. As such foreign rescue teams were deployed, in consultation with the MoH, to the areas where they were most urgently needed. WHO also played a catalytic role in mobilizing medical supplies received through foreign donations.

WHO assisted in strengthening surveillance and the capacity of district laboratories. Water quality and sanitation were carefully reviewed, monitored and supplemented and treated where required, whilst communicable disease control was reinforced.

Another key area was psychosocial and mental health support. To date, the joint efforts of WHO, partner agencies and the Ministry of Health have achieved much in the post-Tsunami environment. There has been no major outbreak of disease. Large numbers of the injured have been treated efficiently and timely. The post-Tsunami rehabilitation needs in the health sector have been met, with external assistance. This was as a result of the health sector coordination mechanism that was established.

A general consensus has been created in the health sector. This opportunity must be utilized to strengthen the existing system for future emergencies including a medical supply management system. As such, the Government is committed to establish a national emergency preparedness and response plan to meet future emergencies with timely and well coordinated methods and procedures.

Whilst the loss and damage to Sri Lanka has been tremendous, the response and achievements have also been on a large scale. However, there is much more to be done before services island-wide are not only back to the optimum status but are improved to a higher level, to meet everyone's aspirations.



WHO coordinated efforts of the many agencies which off



ffered support to the health sector in the affected countries

*Children affected by the Tsunami are being provided psychosocial support through various activities*



# THAILAND

## Six Months After the Tsunami

On 26 December, 2004, hearing the news of the Tsunami disaster in Southern Thailand, Dr William Aldis, WHO Representative to Thailand, immediately contacted Dr Vichai Tienthavorn, Permanent Secretary, Ministry of Public Health by telephone. He expressed WHO's concerns and offered any support required by the Royal Thai Government.

Thailand was one of the first countries to draw international attention to the disaster, because a number of foreigners were holidaying at the beach resorts when they were washed out by the giant waves.

The major and immediate concern was the management of the numerous corpses and the fear of possible health and environmental implications, with regard to handling of dead bodies. In one of the coordination meetings where much concern was raised on the possible spread of diseases through corpses, Dr Aldis explained that corpses did not pose a disease threat. He also provided the government with WHO's guidelines on appropriate management of dead bodies.

What was most commendable was the government's ability to mobilize over 200 doctors and nurses for the affected areas within less than 24 hours of the disaster. Fortunately, very little damage was done to the health facilities, and services continued uninterrupted. More than 10,000 people were treated in public facilities for injuries, including major trauma. Severe cases were evacuated to other cities, mostly Bangkok.

An operations centre with 24-hour telephone access was set up at the WHO Representative's Office to facilitate coordination among partners. There was major concern over the psychosocial needs of traumatized victims, particularly children, migrant workers and their families. Over 10,000 people surveyed in the first two weeks of the disaster reported no major psychological impact, though in the initial phase, many patients were treated for trauma, stress and depression.

Within a week, the Ministry of Public Health also introduced a disease surveillance system to make sure that the displaced persons were not affected by diseases like diarrhoea, food poisoning, and respiratory and wound infections. The Ministry had deployed Surveillance and Rapid Responses Teams to four of the six provinces most severely impacted by the Tsunami, which include Phuket, Phang Nga, Krabi and Ranong.

Thailand managed to deal with reconstruction work within a short span of time. Clearing up of rubble

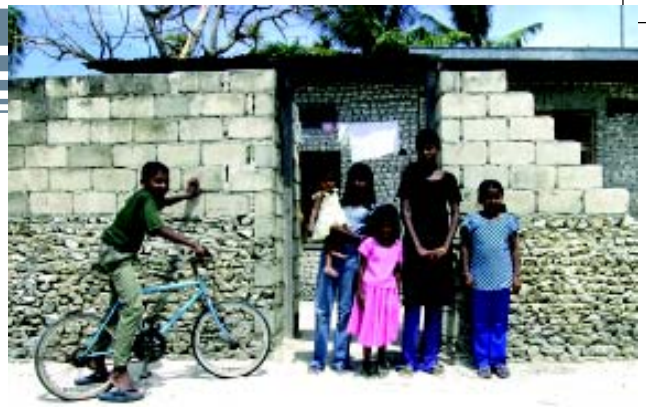
and construction of temporary shelters for affected people began the week following the disaster. Within one month, new houses had been built for some of the affected persons. This rapid response has been crucial in helping the population return to a sense of normalcy. However, the large number of unidentified corpses had, at that time, placed a huge burden on identification and forensic sampling, with the absence of family identification. WHO coordinated the visit of international experts from New York, who had dealt with the 9/11 tragedy, to share their expertise with Thai authorities.

WHO will continue to support the implementation of projects with the Ministry of Public Health and to work with partners to assist with the long-term strengthening of public health infrastructure. This will include manpower training, technical assistance in areas of forensic medicine, psychosocial care, and disaster preparedness and response.



*A Thai health worker sprays chemicals to prevent disease outbreaks*

*A Maldivian family outside their home being rebuilt after the Tsunami*



# MALDIVES

## Sailing Ahead

December 26, 2004 brought one of the worst natural disasters the world has known, the repercussions of which are still being felt. Like many countries in the Region, Maldives suffered the consequences of the deadly waves. Dr. Jorge M. Luna, WHO Representative to the Maldives, when asked about his first reactions to the Tsunami, says, 'I was away on leave in Guatemala. Dr Ohn Kyaw was in charge of the office, and he acted immediately to inform concerned authorities. In fact, I think he was the first in the Region to inform the Regional Office of the Tsunami.'

According to eyewitness accounts, the sea brimmed over the surrounding sea wall and flooded the land. Those who were present had no idea what was happening, but it certainly seemed very unusual.

Initial reports were hazy, due to the breakdown of the telecommunications network. For hours the nation was thrust into a state of obscurity. A UN Country team was established immediately following the Tsunami, as well as a National Disaster Management Centre. From then onwards, there was no looking back.

WHO identified the immediate needs. The first task was to bring in necessary supplies requested by the government: oral rehydration salts, chlorine powder, as well as emergency medicine and surgical kits. Subsequently, experts in disease surveillance and outbreak response, water and sanitation, logistics and management, were deployed. They not only supported government counterparts, but also helped the Country Office to respond to the emergency.

The Tsunami caused an upsurge of activity in the Country Office, and it became necessary to expand existing operations. There were copious data to deal with, and insufficient manpower, so technical assistance was vital. One of the most pressing problems was the water and sanitation issue. In a country where water was always a scarce resource, the widespread contamination of existing water sources posed an immense threat. One of the first steps taken was to dispatch a team of water and sanitation experts to the affected islands. "Needs, damages and solutions were evaluated. This allowed us and the government to have a clear picture of what had to be done immediately. Long-term solutions were also proposed", says Dr. Luna.

WHO also coordinated with local and international partners to achieve a collective aid effort. WHO participated in needs assessment conducted in conjunction with other UN agencies and jointly prepared and submitted a 'Flash Appeal' to support the immediate needs of the country in different development areas for the first six months following the emergency.

Have these actions made a difference? Looking ahead, the country seems set on a path towards total recovery. Plans for the next six months will focus on capacity building and implementation and subsequent completion of the Tsunami projects. Priority is being given to training national staff in the areas of epidemiology, disease control and response, emergency preparedness and response, as well as environmental health with special emphasis on health care waste management, and logistics.

At this juncture, it is hard to believe that it was only six months ago that the world witnessed the worst natural disaster in living memory. The response to the disaster has once again highlighted the nature of teamwork. In the process, Maldives was part of what was probably one of the biggest collaborative efforts ever undertaken by UN agencies.

*A scene of devastation after the  
Tsunami in Myanmar*



# MYANMAR

## Organized Response

Many people woke up, on the morning of December 26 in greater Yangon, feeling uneasy as they could feel the tremors of the earthquake. Later in the day, people learnt that a major natural calamity had originated in the Indian Ocean. The WHO Office called various contacts to ascertain the damage. With the vast majority of staff away, those on duty were fully focused. They informed the Regional Office. They also contacted the Ministry of Health and offered assistance, along with other UN agencies and NGOs.

During the initial period, the Tsunami Assistance Coordination Group was set up with joint UN and NGO participation. WHO participated in the group chaired by the Red Cross (IFRC). It gradually became clear that Myanmar had also suffered casualties, but not on the scale observed in other countries of the Region. According to official reports, 61 people were killed, with several thousand rendered homeless or otherwise directly affected.

Communities in 12 townships were affected. The Tsunami Assistance Coordination Group consolidated findings of different assessments undertaken in the affected areas. The group issued a press release stating that the country had been spared to a large extent, and for various reasons, from the destructive forces of the Tsunami. Initial emergency needs had been met by the government and by the aid community.

WHO's response was closely coordinated with UN and international NGOs. Technical support was provided to the Ministry of Health and to the coordination efforts. WHO organized regular updates to diplomatic and the international community through situation reports and press releases. The WHO Representative joined the Minister of Health and UN colleagues on a mission to Kawthaung township, one of the affected areas, from 14-15 January, 2005. WHO also participated in a secondary assessment from 18-21 January, 2005 to affected areas in Ayeyawaddy division confirming the limited damage. Support was focused on reducing the risk of disease outbreaks and morbidity by supporting disease surveillance and providing emergency medical supplies as requested. As part of this

effort, five sets of new emergency health kits were handed over to the Ministry of Health as well as 22,680 treatment courses of antimalarial drugs donated by Novartis.

The Regional Director, Dr Samlee Plianbangchang, visited Myanmar from 7-9 January, 2005. He met HE Deputy Minister of Health Prof Mya Oo, as well as the UN country team to discuss the Tsunami's impact and to re-affirm WHO's assistance.

A ceremony was held on 25 January, 2005 at the Ministry of Health, where medicines and relief supplies were symbolically handed over in the presence of the Minister of Social Welfare, Relief & Resettlement as well as the Minister of Health. At this unique function, the Minister of Health thanked UN agencies and INGOs for their help.

The Ministry of Health, with WHO support, prepared a substantive proposal to mitigate the impact of the Tsunami, to re-establish facilities, and to strengthen capacity for disaster preparedness as well as for disease surveillance. The proposal also included training to improve response capacity and some essential supplies and equipment. While partial funding has been secured, it is hoped that additional funding will be available, so that all activities can be implemented during the months ahead.

The WHO Director-General, Dr. LEE Jong-wook, accompanies Thailand's Minister of Public Health Prof. Suchai Charoeratankul to view the SEARO exhibition at the Phuket conference



# PHUKET

## Lessons Learnt from the Tsunami Experience: The Phuket Meeting

Sun, sea, sand, and snorkeling. Till last year, to most of the world, these were the words best associated with Phuket. Then the Tsunami struck last December, bringing death and destruction. It was one of the worst-hit areas of the Region, but, like other parts of Thailand, it has made good progress in bringing back a sense of normalcy, with a coherent, well implemented strategy. It was appropriate, therefore, that an international conference to analyse the lessons learnt from the health response to the Tsunami was held here on 4-6 May, 2005.

Organized by WHO and the Ministry of Public Health, Royal Thai Government, the conference on 'Health Aspects of the Tsunami Disaster in Asia' was attended by leading experts in a wide range of health-related fields from across the world. They were from universities, governments, NGOs, the military, the private sector as well as other UN agencies. The conference dispelled myths, and took a hard, critical look at what the health sector did right, and where things could have been better.

The conference was inaugurated by the WHO Director-General Dr. LEE Jong-wook, and the Thai Minister for Public Health, Professor Suchai Charoeratankul. Explaining why the conference was necessary, Dr. LEE said, "I can think of no better way to honour the memory of the people who have died and to respect the survivors who continue to grieve and suffer, than to resolve to work hard to learn the lessons from this catastrophe."

The conference covered a broad range of topics, including communicable diseases and water and sanitation, as well as issues that were relevant to the Tsunami, like civil-military cooperation, public-private partnerships and the role of the media.

It concluded with countries affirming their willingness to be better prepared for major disasters and to invest in building stronger response capacity. Several key areas were identified for improvement in health sector response to disasters. The first was to organize a prompt assessment of people's health situation and their needs when a disaster strikes. Application of standardized methods was another important area. The importance of having a single integrated response system, and the importance of coordination, was also emphasized.

We may not be able to stop natural disasters, but the lessons learnt from the Tsunami will ensure that we can minimize their impact and save many more lives in the future.



Delegates at the Phuket conference observed a minute's silence in memory of those who died in the Tsunami

*Many health challenges remain in the months ahead. Health facilities need to be rebuilt in such a way that they will resist future disasters*



## LOOKING AHEAD

### Health Action in Crises, WHO, HQ

1. In the past six months, much has been achieved through the relief and rehabilitation efforts. However, looking ahead, there are great challenges. Many people in communities affected by the Tsunami continue to need assistance as they have yet to re-establish secure livelihoods. Their Governments - with support from the World Bank, international donors and the private sector - are improving structures and systems for health care while rebuilding, to ensure that these facilities can withstand possible future Tsunamis and earthquakes. They want to ensure that public services respond to people's needs, and are located in the places where they are going to resettle.
2. Frustration at apparently slow recovery is inevitable. However, reconstruction of damaged health services designed to address needs of the local communities, provide technical compatibility of equipment, and proper water and sanitation services, is a highly complex process that requires detailed planning. It cannot be done overnight.
3. The governments of Tsunami-affected countries, the representatives of the UN system and the World Bank, NGOs and the private sector in affected communities, are engaged in a district-by-district assessment in order to measure progress in the recovery process.
4. This has several benefits. It will help the different agencies concerned with reconstruction to provide effective and coordinated assistance. It will also provide a clear indication of the extent of the work that remains to be done. The UN Office of the Special Envoy for Tsunami Recovery, has introduced a senior-level process to better coordinate support during the recovery process. It gives strong emphasis on health. Good health is seen as a sign of successful recovery.
5. The need, now, is to ensure that the recovery efforts reach all affected communities. This calls for (a) effective co-ordination between different actors and joint action in all affected areas, (b) regular assessments of the overall impact of the recovery effort through regular information on the health status and well-being of Tsunami-affected populations in different geographical locations, and (c) rigorous tracking of the extent to which funds provided for recovery programmes reach those in need - especially in the health and education sectors. This intensified management system will reveal the collective performance of governments and different agencies.
6. The Tsunami was an unprecedented catastrophe that affected millions. The unprecedented response engaged hundreds of millions more. As Dr. David Nabarro, Representative of the WHO Director-General for Health Action in Crises, says, "The way we work together to support affected communities will affect generations to come - both those immediately affected by the tragedy, and those who have sought - through their selfless deeds - to provide help. The way we work now will influence the world's response to future disasters." He adds, "We must be in a position to demonstrate to those who have given so generously that their contributions can make a real and lasting change in people's health and well-being." Six months on, all health professionals involved in the response live with these responsibilities.

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