

EMERGENCY AND HUMANITARIAN ACTION

News update
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World Health
Organization

Regional Office for South-East Asia

TIMOR LESTE

HYDROCHLORIC ACID SPILLS

- On 16 April 2007, a shipping container containing chemical material started leaking in Dili Seaport. The container contained approximately 20,000 litres of Hydrochloric acid (HCL 33.32%), which is highly corrosive and toxic. The accident occurred close to one of the biggest camps for internally displaced people (IDP), which houses some 300 families and is located 150 meters from the seaport.
- After three days, the HCL accident had been contained. Most of the chemical had gradually leaked into the sea where it was diluted to a non-toxic level. There were no reports of HCL related symptoms to the health facilities, nor were any damage to animals or environment reported. However, the incident affected the income of the local fisherman and fish sellers in Dili and created anxiety among the IDP population.



- The National Disaster Management Office (NDMO), the Ministry of Public Transport and Telecommunication and other ministries, the United Nations Integrated Mission in Timor-Leste (UNMIT), the International Stabilization Force (ISF), UNPOL and other partners responded to the incident in a coordinated manner. The "hot" zone was identified and decontaminated by water being pumped onto the leaking container, which was subsequently covered with powder cement. The area was sealed off in a radius of 250 meters from the epicentre, and advice was issued related to evacuation of IPDs and nearby residents.

- In the health sector, the Ministry of Health (MOH) headed the public health response with technical support provided by WHO. The response consisted of: 1) Site assessment; 2) health coordination meetings with partners; 3) Development of a preparedness plan for the National Hospital, the nearest Health Centre and two exit evacuation points; 4) Alert to all health facilities and specialized units; 5) Drafting of a 1-page brochure on HCL; 6) technical assistance through WHO networks (WHO/SEARO and WHO/HQ including WHO Collaborating Centre for the Health Protection Agency in UK) and Environmental Health Unit of Northern Territory Government in Darwin, Australia.

INTER-AGENCY WORKSHOP

- WHO EHA participated in a 5-day workshop on Interagency Capacity Building for Preparedness, Contingency Planning and Response organized by UNICEF and UN office for the Coordination of Humanitarian Affairs (OCHA) in May 2007. The meeting was attended by all the UN agencies including UNMIT, and by government representatives, international agencies (ICRC/IFRC), Timor-Leste Red Cross (CVTL) and NGOs working in emergency preparedness and response. The meeting highlighted the importance of coordinated

planning and response especially for emerging and cross cutting humanitarian issues. The draft UN Contingency Plan for the Upcoming Legislative Election (end June 2007) was also discussed and finalized.

CONTINGENCY PLANNING WORKSHOP

- Taking into consideration the recent violence and conflict which has affected Timor-Leste for a year, the Ministry of Interior through the National Disaster Management Office (NDMO) conducted a one day workshop on 15 May 2007 to discuss and finalize the Contingency Plan for Conflicts. The Contingency Plan is the third plan prepared by Timor-Leste adding to two existing plans for flooding and drought. WHO EHA participated in the workshop along with key government ministries, district and sub-district administrators, UN agencies, development partners, NGOs and international organizations working for humanitarian assistance, e.g. ICRC/IFRC and the Timor-Leste Red Cross.
- Based on the overall Contingency Plan for Conflicts, each ministry including each sector working group was tasked to complete its sub-plan. In the health sector, WHO together with other development partners and agencies will continue to support the Ministry of Health and Health Sector Working Groups to complete the sub-plan.

INDONESIA

YOGYAKARTA POST-TORNADO DISEASE SURVEILLANCE

- From 18 February to 5 May 2007, WHO Indonesia has given technical and financial support to the Yogyakarta provincial health office (PHO) to carry out a series of activities related with post-disaster disease surveillance with the objective of preventing major disease outbreaks in the affected population. Up to now, epidemiological surveillance is taking place in four sub districts (7 Public Health Centers / PHCs) in Yogyakarta PHO working area. Disease surveillance data was also collected from six hospitals, including 1 referral hospital, in Yogyakarta District. Data of nine potential diseases was collected in the same tabulated form and entered into a database system on a daily basis. The database system was developed by WHO and had already been used in epidemiological disease surveillance after the Java Earthquake. In the early stages of the surveillance activity, field supervisors and surveyors were trained on using the software in one day training. A technology information specialist was recruited to maintain the function of the software.

HEALTH COORDINATION IN BANTUL, YOGYAKARTA

- As the post earthquake health situation in Bantul District has entered the recovery and development phase, there is still a need to coordinate all actors working in the health area. Therefore, WHO Indonesia supports and facilitates Bantul District Health Office to hold Health Coordination Meetings focusing on medical coordination, health promotion and general health sector issues arising after the earthquake in Bantul.

EARLY WARNING SYSTEMS IN JAKARTA

- The flood disaster in Jakarta Province, which started on 2 February, caused several health problems in the affected communities that needed immediate attention. The Directorate General of Disease Control and Environmental Health is responsible for surveillance system and activities, water sanitation supplies, vector control, disease control and immunization, and has developed an Early Warning System for Disaster Surveillance in DKI Jakarta. WHO has supported the system financially and technically, and has deployed one national program officer to monitor the program.

HOSPITAL ASSESSMENT

- Starting from March 2007, the Ministry of Health has conducted Hospital Assessments of the Emergency Unit Departments in 587 hospitals in Indonesia (44 direct assessment and 534 mail assessment). WHO Indonesia has supported the activity financially and technically, and has deployed one national programme officer to monitor the process. The

process was started through a workshop on hospital assessment and the objective of the assessments is to improve health service quality.

TECHNICAL GUIDELINES FOR DISASTER HEALTH RESPONSE

- WHO Indonesia has supported the Ministry of Health in developing and launching a Technical Guideline of Health Crisis Responses on Disaster. WHO INO provided both financial and technical support (professional translator) for this program. The printed books are now in the process of being distributed to all health institutions in Indonesia.

NEPAL

HEALTH IN TRANSITION WORKSHOP

- In view of the changing political scenario in Nepal, EHA arranged a one-day 'Health in Transition' (HIT) workshop on 13 March in to sensitize health planners and programme managers on policy issues and operational priorities related to working in a post-conflict setting.



- Despite new conflict patterns along ethno-caste lines, Nepal appears to be moving towards a post-conflict scenario. Thus, policy makers in the new interim government and international partner organizations are at an important juncture, where strategic decisions on strengthening the health system are being made. To benefit from international experiences and latest research, EHA requested the Conflict and Health unit at the London School of Hygiene and Tropical Medicine (LSHTM) to assist in the planning and implementation of the workshop.
- Discussions primarily focused on the impact of conflict on the health system, the nature of the post-conflict transition, the gap between policy and reality, and barriers to policy implementation, in particular those related to conflict. Views varied widely on the impact of the conflict from 'considerable impact' to 'less impact than other sectors', to 'actual improvement in some areas'. Most participants expressed that health policies such as the 'Nepal Health Sector Programme – Implementation Plan 2004-2009' were adequate to solve existing problems. The main problem identified was lack of capacity / commitment to implement the policy.

CANTONMENTS

- In November 2006, an estimated 31,000 soldiers from the People's Liberation Army (PLA) settled in 7 cantonments and 21 satellite camps throughout the country. In the cantonment settlements, PLA health workers are delivering health care (mainly curative services), in some locations supported by ad hoc assistance from MOHP and development partners (notably GTZ and UNFPA). Increasing concerns about the current health status and lack of public health services in PLA cantonments have prompted WHO EHA to alert UNMIN about the high risk of outbreaks during the approaching monsoon season (especially vector-borne and diarrhoeal diseases).

NEW MOHP EMERGENCY FOCAL POINT

- At the beginning of May, the Epidemiology and Disease Control Division appointed a Medical Officer to work as Disaster Focal Point. This enhancement of the Disaster unit within the MOHP structure signals the commitment of the Government and will lead to a significant improvement of the health sector's preparedness and response capacity.

COORDINATION

- The Emergency Health and Nutrition Working Group (EHNWG) has met twice in April and May to share information on on-going initiatives and discuss issues related to country-wide contingency planning (UNICEF / WHO), new emergency health project (UNICEF), community therapeutic care feasibility assessment (UNICEF), cantonment update (UNFPA / GTZ), pre-hospital and trauma training in Eastern Nepal (BPKIHS), health update from Surkhet district (IRC) and the Disaster Health Working Group workshop, 21-22 March 2007 (WHO). At the last meeting, the mid-year review of the common appeal for transitional support was discussed. A number of issues were introduced namely rapid health assessment formats (EDCD / WHO), nutrition coordination (UNICEF / CHD / ACF) / growth monitoring (World Vision) and a recent field assessment in the Karnali region (UNICEF).

DONATION FROM THE REPUBLIC OF KOREA

- On 13 April, the Republic of Korea pledged USD 100,000 from the Korean Foundation for International Healthcare / Dr Lee Jong-Wook Memorial Fund to provide transitional support to health sector emergency preparedness and response. The project ensures a continuation of the field-based EHA programme to enhance the response capacity of the health system by filling in critical gaps, improving surveillance and strengthening information management.

THAILAND

FLOODS AND MUDSLIDES

- In the first week of May, heavy rains caused mudslides and flash floods in several Northern provinces of Thailand. Hundreds of homes and farms in Thailand's Northern provinces were inundated due to a cyclone in the Bay of Bengal, west of neighbouring Myanmar. In some provinces, road links with other communities were cut off because of flooding, and a concrete bridge was destroyed by rising torrents. Some 4,000 acres of croplands were inundated and many farming families reported that their livestock was swept away by the floodwaters.

EARTHQUAKE

- In May, a powerful earthquake measuring 6.1 on the Richter scale and epicentre in Northern Laos jolted many parts of the country, shaking buildings in downtown Bangkok and damaging an ancient temple in Chiang Rai Province in Northern Thailand. Earthquakes are rarely felt to any great degree in the capital, so the tremors caused concern among many residents. The National Earthquake Mitigation Programme highlighted that the tall buildings in Bangkok are at risk because the soil in the capital is very soft, which could worsen the effects.
- No injuries were reported as a result of the quake which lasted about 30 seconds, but in Chiang Rai's Muang district, panic-stricken patients from the Prachanukroh hospital were assisted as they rushed to evacuate the building. Cracks were found in a five-storey building in the Prachanukroh hospital, which forced the evacuation of 150 new-born babies. The hospital was declared off-limits. The babies were placed in another building at the same hospital.

HIGH TIDES

- In May, monsoon tides were unusually high in Southern Thailand. The authorities in Phuket province explained that high tides are quite normal during the annual monsoon season and should not be mistaken as a sign of a Tsunami. In another province, (Phang-nga), which was affected by the tsunami in 2004, people evacuated from their houses to seek shelter on higher ground in fear of the possibility of tidal waves.

BUSHFIRES AND SMOG



- To address the recent problem of forest fires and smog in Northern Thailand, a 'National workshop on Health Impact of Haze-related Air Pollution' was held in Chiang Mai on 24 April 2007. The workshop was organised by the Ministry of Public Health (MOPH), Chiang Mai University and WHO. The work shop was part of the recommendations coming out of a joint mission (MOPH / WHO) to the most-affected province in Chiang Mai in March 2007. The National workshop was formally opened by Dr Narongsakdi Aungkasuvapala, Director General, Department of Health, MOPH
- The workshop brought together different health and non-health stakeholders, and a total of 60 delegates, including 40 delegates from 8 haze-affected provinces, joined the workshop. Senior and mid-level representatives participated from a wide range of institutions amongst other from the Regional Environmental office of the Ministry of Natural Resources and Environment, Regional Health Promotion Centre of the MOPH, Provincial Public Health Offices of the MOPH in 8 haze-affected provinces, Provincial Disaster Prevention and Mitigation offices in 8 haze-affected provinces, Northern Meteorological centre, Social Research Institute of the Chiang Mai University, and from the Tourism Authority of Thailand. At the Central level, officials came from the Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI), Chulalongkorn University, as well as from various departments in the MOPH including the Department of Health Service Support.

OTHER ACTIVITIES

- From 16-18 May the EHA programme participated in a meeting organised by the WHO Thailand's Border Health team on "Development of Health Collaboration along the Thai-Myanmar Border Areas for 2007". The meeting was held in Kanchanaburi, Thailand, and discussed issues of cross-border collaboration such as referral systems for Tuberculosis treatment among migrants and cross-border populations.

MALDIVES

WAVE SURGES

- Starting from 15 May 2007, approximately 35 islands in 13 Atolls were affected by seasonal wave surges that started in the morning at around 9:30 am and peaked at noon the same day but continued for a couple of days. Although the wave surges were higher than average they are a regular and seasonal phenomenon in the Maldives. The extent of the tidal surges which caused inundation of the islands ranged from 20 feet to 2000 feet from the coastline. Four people sustained minor injuries. No deaths were reported. The Government of Maldives issued an appeal for assistance to the international community. It also made a formal appeal for assistance to the UN Secretary General to assist in the immediate relief and early recovery efforts.
- According to Government and UN assessments, some 1649 people were evacuated, and 217 housing units were damaged. 43 vegetation sites were destroyed, 15 sea vessels were damaged, and a number of harbour and jetties were partially damaged. The wave surges also caused erosion of some coastlines.
- Generally, the health sector of the island communities did not sustain any major damage. Health institutions are functioning well and have been assisting the displaced population on emergency health needs, including coordination with regional health centres. While there is no major outbreak following the floods, at least 2 cases of acute gastroenteritis were reported in Fares Maathoda. There were reported cases of trauma among the

population, including children, as the high waves brought back memories of the 2004 tsunami.

- Some of the main issues of concern relate to the provision of safe water as the groundwater table and wells were contaminated due to salt water intrusion. Septic tanks have been damaged and faecal matter is visible on the ground. Sewage sludge was also observed along with debris in certain areas. Cleaning up of the affected islands is still in progress.
- The government provided emergency relief assistance to the affected communities such as food and water supplies and non-food items. A mobile water desalination plant was dispatched by the Government's National Disaster Management Center. WHO is liaising with the MOH to determine the need for follow-up assistance.

SRI LANKA

IDP RE-SETTLEMENT

- In May, the Sri Lankan government has initiated a process of voluntary returns of Internally Displaced People (IDP) to their place of origin. An expected 90,000 IDPs are to return by the end of 2007. By 18 May, in Batticaloa, about 9,000 had returned to Western Batticaloa dispersed throughout 20 villages. UNHCR monitored the return. Within another few weeks, 40,000 IDPs are expected to return to the west. In total there are over 100 villages in the return area, but for the time being, only 20 are being resettled. In these areas, food, shelter, water and sanitation and psychosocial issues have been examined. The identified gaps will be addressed by various sector agencies. WHO will make a detailed assessment of the health status and the access to health care of the returnees.
- To address persistent problems of inadequate numbers of health care providers and absence of emergency medical services, two initiatives are underway. A proposal has been prepared to recruit UNV (United Nations Volunteers) physicians to temporarily fill the gaps. At the same time, with the support of the WHO regional office of South East Asia, the Ministry of Health (MOH) has been requested to select three candidates from appropriate backgrounds to participate in a Training Programme on Pre-Hospital Care organized by the Trauma and Critical Care Center (WHO Collaborating Centre on Injury Prevention and Safety Promotion) in Bangkok in late August. WHO hopes to build on this to help put in place an Emergency Medical Services system, particularly in the north east where the conflict remains volatile.
- WHO has chaired bi-weekly Health Coordination Meetings focusing on the IDPs and a number of problems facing the returnees have been reviewed based on extensive visits to official IDP site and returnee settlements in Vakarai in the middle of May.

FLOODS

- Colombo, the capital city of Sri Lanka, was hit by flooding on the 3 and 4 May 2007, caused by torrential downpours. A massive 156 mm of rain fell on the morning of 4 of May alone. The city of Galle, 110 km south of the capital, was also affected.



- A large sinkhole also suddenly appeared on the morning of Friday 4 May in Galle Road, the main road running from Colombo to Galle. No casualties were reported from this unusual incident. Overall, according to figures collated by the Ministry of Disaster Management, there were 17 deaths. Causes of death ranged from drowning (up to 12 people), suffocation in landslides (2 children, 1 adult) and electrocution by fallen power lines or lightning (at least 2 people).

- The floods that were witnessed in early May are not an isolated occurrence. Almost every year, Colombo's antiquated drainage system (more than 150 years old in some parts) gets blocked and overflows onto the streets. Apart from this, there are many other contributing factors to the flooding such as inadequate waste management; inadequate funds for the proper maintenance and dredging of the drains; and unauthorised construction of houses, especially those that encroach on the marshland that act as catchment areas for storm-water drainage.

BANGLADESH

STORM AND TIDAL SURGES

- On 15 May 2007, a tidal surge triggered by a cyclonic storm (named Akash) in the Bay of Bengal swept through coastal districts of Bangladesh and Myanmar killing at least three fishermen and damaging hundreds of homes as per Bangladesh official information. No request for assistance has been issued.

MYANMAR

STORM AND TIDAL SURGES

- The cyclonic storm, Akash that swept through the Bay of Bengal on 15 May also affected coastal areas in Myanmar. Meteorologists in Myanmar, who estimated wind speeds of up to 160 kph (100 mph) and a sea surge of up to three meters (10 feet), said residential areas of Sittwe were under water. Sittwe is a coastal city in the northwest region of the country. No deaths and injuries have been reported. No request for assistance has been issued.

SEARO

REGIONAL CONSULTATION

- On 12-13 April 2007, a regional consultation on the South East Asia Regional Health Emergency Fund (SEARHEF) took place in New Delhi, India. The consultation was organised by EHA SEARO with the objective of discussing the SEARHEF proposal and building consensus with national counterparts from the region. 6 countries participated in the consultation.
- The need for a financial mechanism within WHO to address the immediate health needs in the region in emergency situations was identified at the regional meeting on emergency preparedness and response in Bali in June 2006, and the Bali declaration highlighted the setting up of a Regional Solidarity Fund for Emergency Response. At the 24th Health Ministers Meeting in Dhaka, Bangladesh in August 2006 it was also recommended that WHO should set up a Regional Emergency Fund.
- Subsequently, the regional office established a working group for the purpose of reviewing and modifying the draft concept paper. The concept paper was presented and discussed with all WHO Country Representatives (WR) during the Regional Director's meeting with WRs in November 2006.
- During the regional consultation in Delhi in April, the draft proposal was discussed. All the participants supported the proposal to create such a fund. Furthermore, it was decided that a smaller working group comprising of members from 7 member countries and under the chairmanship of Dr. Sopida Chavanichkul, Director, Bureau of International Health, Ministry of Public Health, Thailand would meet in June to formulate the business rules of the fund. Once finalised, the policy and the business rules will be submitted for the consideration of the Joint meeting of Health Secretaries and the Consultative Committee on Programme Development and Management before it is presented to the Regional Committee for endorsement.

For more information on EHA activities, please visit our website: <http://www.searo.who.int/eha>

Every two months, the Emergency and Humanitarian Action programme of the South East Asia Regional Office Of the World Health Organization produces news update of events and activities of countries of the region. The note is not exhaustive and does not reflect any official position of the WHO Secretariat.