



A cataclysmic event

Nature unleashed its fury with unprecedented violence on the morning of 26 December 2004. At 7.58 a.m., an earthquake that measured 8.9 on the Richter scale occurred under the sea off the western coast of North Sumatra. The epicentre was about 30 km under the seabed and 250 km south-southwest of Banda Aceh in Indonesia. This massive earthquake was followed by several aftershocks ranging from 6.0 to 7.3 on the Richter scale. These aftershocks were in themselves large and powerful enough to destroy thousands of lives. The quake triggered powerful tsunamis, about ten metres in height, which moved through the Indian Ocean at astounding speeds of over 500 km an hour, wrecking coastal areas in India, Indonesia, Sri Lanka, Thailand and the Maldives, as well as in Myanmar, Seychelles, Malaysia, Tanzania, Kenya and Somalia. What promised to be a pleasant, post-Christmas Sunday turned into one of the biggest disasters humankind had ever known. The affected countries had no experience of a tsunami and, on the beaches, the receding waterline initially drew many Sunday revellers further out to sea. The enormous walls of water that followed caught them unawares, and thousands of lives were snuffed out within the blink of an eye.

Asia, particularly South and South-East Asia, is the most densely populated area in the world. Coastal areas have a disproportionately high population density (450 persons/sq.km versus 175 persons/sq.km elsewhere in the world). In the affected countries, coastal areas were flooded and homes and buildings, roads and bridges, water and electricity supplies, crops, irrigation and fishery infrastructure, food and fuel networks, telecommunication networks were washed away. The trauma caused by this unprecedented catastrophe affected every facet of life and livelihood.

Six countries in the WHO South-East Asia Region simultaneously bore the brunt of the tsunami. Indonesia, the country closest to the epicentre, was the worst affected, particularly the provinces of Aceh and North Sumatra. The water pushed its way 12–14 km inland, sweeping away everything in its path. The disaster affected the lives of every single family in the region.



In India, the Andaman and Nicobar Islands were severely damaged, and subjected to more than 215 aftershocks. On the mainland, the southern states of Tamil Nadu, Andhra Pradesh and Kerala, and the union territory of Pondicherry experienced the onslaught.

The impact on the island nation of the Maldives was enormous. By the time the tsunami reached the country, the waves were only about 3–4 metres in height, but as this archipelago comprising several islands is only 1.5 metres above sea level, the damage was extensive. All the 200 widely dispersed inhabited islands were affected, and some were destroyed forever. This was the worst disaster the country had ever known, though, compared with the other affected countries, the death toll of 82 was low.

In Thailand, six provinces suffered immense damage. A large number of foreign nationals visiting the popular tourist resorts of the country caused grave concern to their governments. Myanmar was affected to a lesser extent compared with the other countries; however, at least 61 people died and twelve townships were damaged.

In Sri Lanka, the immediate loss of life was around 31 000. The districts most affected were Jaffna in the north; Kilinocchchi, Mullaitivu, Trincomalee, Batticaloa and Ampara districts along the east coast; Hambantota, Matara and Galle districts in the south and Kalutera, Colombo, Gampaha and Puttalam districts in the west.

A phone call from the Maldives provided the call to action. “We’re being flooded! Malé is being flooded,” was all the panic-stricken voice could say before the telephone line went dead. The call was made to the WHO Regional Office for South-East Asia, and galvanized a chain of events that would result in one of the best organized emergency relief operations in history. The Regional Director, Dr Samlee Plianbangchang delegated to the Deputy Regional Director, Dr Poonam Khetrpal Singh the responsibility for all aspects of the operations. WHO SEARO responded immediately to the emergency by establishing a 24-hour operations room and a senior-level task force to support the emergency needs of the five most affected countries in the Region. SEARO was made the nodal point for

coordination of WHO's efforts in all the affected countries of the Region. Constant support was provided by WHO Headquarters, particularly Health Action in Crises (HAC) in Geneva. At a meeting on 27 December 2004, response plans were set into motion.

WHO worked hand-in-hand with national authorities so that international assistance would result in prompt and appropriate reactivation of local health systems working with UN Systems such as the UNDAC and UN Disaster Management Teams.

WHO collaborated with the Ministries of Health and international partners in the affected countries to help determine the damage, needs and capacities.

