

# F O R E W O R D

Time stood still on 26 December 2004. The waves that lashed the shores of many countries, including six from the South-East Asia Region, changed the lives of millions and set back the development clock by quite a few years. The initial reaction was awe and horror. The scale of devastation and destruction was overwhelming.

This sinking feeling was immediately accompanied by the realization of the enormity of the task at hand to respond immediately to assist Member countries in saving lives, preventing outbreaks, and rebuilding health systems and the broken psyche of the people who had faced, braved and lost.

There was no time to waste and the spirit was imbued by a missionary zeal to help out in a constructive way. To care and to make a difference. We put together a team of dedicated soldiers to man the Operations Room located in our Office in New Delhi from where the entire operation was managed. People from far and near, from HQ and other Regional Offices, each experts in their own right, joined forces to mount, what seemed then, a daunting response.

Two years later, I can say, as leader of the Operations, that what my team carried out was not only unprecedented, but by far the biggest and most challenging mission that WHO in the Region has ever had to face. Among the crucial ingredients of the response were:

- Health protection and disease prevention—including communicable diseases, early warning, surveillance and response, and the establishment of health information systems
- Health services—access to essential health care through assessing and responding to needs. Immunization activities, providing psychosocial support, water and sanitation, health-care waste management, nursing and midwifery were some of the areas we focused on.
- Medical and logistic supply—emergency health kits, surgical kits, vehicles and IT-related components, rehabilitating laboratories, re-establishing supply chains for the distribution of cold-chain vaccines.
- Resource mobilization and coordination among partners—coordination of the international health response in formulating country work-plans and sourcing the funds to implement them.

The close proximity and collaboration of WHO Country Offices with the ministries of health in Member countries helped mount an effective response. Conformity with governance structures embedded in all countries has eased the process of providing relief. The opening of field offices in three places in Sri Lanka, four locations in Indonesia and one in Tamil Nadu, India ensured that interventions reached those who needed them most.

We could not have done it alone. The funding we received from donors worldwide enabled us to undertake this massive operation. Contributions were received both in kind and in cash from governments of donor countries as well as the private sector. Many partners gave WHO the flexibility

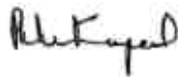
to deploy resources in areas and across countries that needed priority attention and to utilize contributions better as needs evolved. We thank all donors not only for their generous contribution and timely response but also for the trust and confidence they invested in WHO. I have always maintained that this is our biggest strength.

The tsunami of December 2004 changed a lot of things. It woke up Member countries to the threat natural disasters can pose to development in general and public health in particular. It has also been a watershed as to how we, within the UN, have looked at security issues pertaining to such emergencies. While globally, this has set in motion a tide of humanitarian reforms, within the South-East Asia Region, this has accelerated attention to the crucial issues of preparedness and risk mitigation. The focus now shifts to the larger issues of capacity at the country level, building better and more resilient health systems, reducing vulnerability of communities to external shocks through better preparedness, response strategies and plans, and providing the developmental link between disaster management and overall poverty reduction strategies.

We have drawn our lessons from the tsunami crisis and are in the process of translating them into action. Together with Member countries and partners, we have developed benchmarks for emergency preparedness and response. On the recommendation of Member countries, we are also setting up a South-East Asia Regional Health Emergency Fund which will allow us to respond faster and more effectively in the future. Within our own house, we have strengthened our presence in countries and built capacity in the Emergency and Humanitarian Action Unit by putting together a multi-skilled team to support country offices. Our mission remains to reach the unreached, to serve the underserved, and to protect and promote public health in emergencies.

The tsunami has brought partners together; they have closed ranks, developed a better understanding and fostered closer cooperation than at any other time in recent history. Today, WHO and its partners are more aware of mutual complementarities and are perhaps better coordinated as a result of this disaster. This will surely facilitate the implementation of the cluster approach for future emergencies.

We invite all partners to join us in carrying this process forward to strive for even greater harmonization and to redouble efforts towards achieving more progressive health outcomes. It is indeed time to move beyond the tragedy that was the tsunami into the opportunity of forging effective partnerships for health for the people of the South-East Asia Region.



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