



Looking to the future

BACKGROUND

All countries and several agencies, both national and regional, have conducted lessons learnt exercises and taken steps to address the issues identified. From these evaluations and learning events, Member States and WHO will take their cue for steps in the future. Several initiatives have come forth from the tsunami that have provided the impetus for reform in national governments and the UN itself, which is taking concrete steps in the humanitarian reform process.

This chapter outlines how these lessons are shaping the future for better preparedness and risk reduction.

EVALUATION OF THE SEARO RESPONSE

As a lessons learnt exercise, a comprehensive evaluation was carried out of the WHO SEARO response to the tsunami by an independent team of consultants. The team comprised Manuel Carballo of the International Centre for Migration, Geneva, and Nuntavarn Vichit-Vadakan and Marc Ven der Putten of the Thammasat University, Thailand. The team made the following recommendations.

RECOMMENDATIONS

1. SEARO should allocate greater priority to disaster preparedness and response and gear up its structures and functions accordingly.
2. SEARO should prepare a five-year plan of work with all technical and administrative units showing how they will work with, and to, EHA in disasters and how they will relate to HAC/HQ.
3. SEARO should seek a regional partner or partners that can assist with procurement, warehousing and deployment of supplies in disasters
4. SEARO should urgently build up its resource mobilization capacity for disasters including training of staff and country personnel in the process of the Flash Appeal and donor relations.
5. SEARO should quickly develop standard operating procedures that address the organizational needs which emerged in the wake of tsunami, and in collaboration with HAC/HQ.
6. SEARO should begin a major training and simulation programme with its Member States and with others in the area of disaster preparedness and response, always emphasizing links between disaster preparedness and response, and development in general.

7. SEARO should develop a database on the tsunami including the good practices that emerged and promote more research in this area to assess how the response to the tsunami affected longer-term public health and health systems in the affected countries.
8. SEARO should strengthen its use of information technology in the area of disaster preparedness, response and training, and coordinate this with WHO/HAC and other WHO regional offices.
9. SEARO should develop plans with, and training of, military sector staff and other sectors, including the religious sector, so as to maximize the input they can provide in the disaster response processes.
10. SEARO should link with all the WHO regional offices and HAC to discuss how best to coordinate and make the most of the characteristics and skills of each regional office in preparing for and responding to disasters and in post-disaster reconstruction.

TRIAMS, 2006–2010

Tsunami Recovery Impact Assessment and Monitoring System

A need was felt to have a common system for tracking recovery efforts and assessing the impact of the overall response. This would enable government authorities to perform a gap analysis at subdistrict and community levels. Any pockets not covered by existing recovery programmes would be identified and unmet needs addressed. Inequities created in the allocation of tsunami-related resources could also be identified and taken care of. Through the Office of the Special Envoy (OSE) for Tsunami Recovery, WHO and the IFRC; the Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS) was developed to address this need. It was elaborated in consultation with the five countries most affected by the tsunami—India, Indonesia, the Maldives, Sri Lanka and Thailand, and with partner international and local aid agencies.

The concept of TRIAMS was further fleshed out in consultation with the governments and their key implementing partners in these five most-affected countries. A workshop was held from 3 to 5 May 2006 in Bangkok, Thailand to refine the TRIAMS concept and achieve consensus among the countries concerned and other partners on the process to assess the impact of the response and monitor ongoing recovery efforts.

The TRIAMS initiative will assist governments, aid agencies and affected

populations in assessing and monitoring the rate and direction of recovery over the next four to five years. TRIAMS also builds in accountability for the results of efforts by governments, aid agencies and donors. A set of indicators has been drawn up to measure results. The core indicators cover four key areas of recovery: vital needs, basic social services, infrastructure and livelihoods. These indicators will yield valuable information on a range of issues, from coverage of safe water supply and basic sanitation, the rate of housing reconstruction to the nutritional status of children and households' economic recovery. Relevant country-specific indicators were also identified. Preliminary country action plans for the implementation of TRIAMS were prepared, specifying the information sources and the frequency of data collection for both core and country-specific indicators. The plans include proposals for qualitative approaches to complement the analysis of the quantitative results.

Government participants reiterated the need to use planned household surveys and existing routine information systems as much as possible in the TRIAMS process, but also highlighted gaps and areas where they would need specific support for additional data-collection processes. Beneficiaries' perceptions of the ongoing recovery interventions also needed to be regularly assessed.

The ultimate aim of the TRIAMS process is to provide evidence of the changes effected by recovery interventions on beneficiaries' lives; it should regularly inform stakeholders of unmet needs and influence the re-planning process, so that resources still available can be directed where they are most needed.

Countries will be providing reports on the proposed set of core TRIAMS indicators regularly. The TRIAMS process is scheduled to run until 2010. The International Federation and WHO, with the support of the OSE, will work with countries to finalize detailed country action plans, identify technical assistance needs at the country as well as at the regional level and, with other stakeholders, mobilize the additional resources that will eventually be needed for the full implementation of TRIAMS.

The core components of the TRIAMS process include:

- › output and impact indicators across the primary sectors of recovery;
- › both quantitative and qualitative data on beneficiary perspectives; and
- › additional qualitative data to help explain the findings of key output and outcome indicators.

Some countries have taken important decisions that would create an enabling environment for the TRIAMS process. These include plans to modify national household surveys to enable reporting on some of the proposed indicators and, in the

case of Sri Lanka, ensuring all national surveys included a stratification of the tsunami-affected population within the overall national household survey sampling process.

The TRIAMS framework comprises four key areas which were disrupted by the tsunami and where recovery programmes are concentrated:

- › Vital needs, such as water and sanitation, food and shelter;
- › Access to basic services, such as health care and education;
- › Infrastructure, such as roads, transport and electricity;
- › Livelihoods and economic security.

Development of a conceptual framework for monitoring the tsunami recovery

The development of a conceptual framework to analyse the impact of the tsunami and the progress of recovery efforts in each area is a key element of the TRIAMS process. The purpose of the framework is to facilitate the analysis of data at the district and subdistrict levels, using both absolute numbers and rates, to capture variations and allow for comparison across populations and geographical areas.

Country action plans for TRIAMS implementation

Initial TRIAMS implementation plans summarized the following:

- › the indicators the country is planning to use and report on (core as well as country-specific);
- › data source and frequency of data collection for these indicators;
- › specific actions and resources needed for the development and implementation of the monitoring system;
- › additional qualitative ways to collect data to support more in-depth analysis;
- › a designated focal point and reporting schedule for TRIAMS implementation in the country concerned.

These action plans will continue to undergo further elaboration and clarification. Simultaneously, a regional plan of action will be developed based on the individual country plans. Additional steps are needed to identify information gaps and determine ways to address them. A collective push by all governmental and nongovernmental partners is needed to meet the challenge of “building back better” in the areas devastated by the tsunami.

The TRIAMS process will be implemented during the period 2006–2010. An extension of this period in some countries can be envisaged, according to the speed and coverage of the tsunami recovery process.

EMERGENCY PREPAREDNESS AND RESPONSE

Establishing benchmarks

Background

From the countries' responses to the tsunami, there appeared to be a strong correlation between the levels of preparedness and the efficacy of the country's responses to the disaster.

Several crucial gaps were identified in the affected countries in terms of addressing various public health issues during emergencies, from policy and legislation to human resources management, to operational and coordination mechanisms. Countries in the Region needed to be better prepared to cope with the next such disaster.

In November 2005, nearly a year after the tsunami, WHO SEARO convened a conference in Bangkok, Thailand on the health aspects of disaster preparedness and response. This conference was a follow up to the WHO Conference of May 2005 in Phuket, Thailand to assess the progress made by countries during the past year.

The goal of the Conference was to produce a plan of action that would meet the specific needs of the countries of the Region and ensure that they would be better equipped to cope with any future disaster.

The conference aimed to (1) identify gaps in the health needs of the affected and vulnerable populations for preparedness, responses, recovery and rehabilitation; (2) determine the next steps in addressing these gaps; and (3) develop benchmarks and a corresponding framework for action that must be achieved to strengthen the capacities and capabilities of the health sector to meet emergencies.

The outcomes were (i) the development of 12 benchmarks, (ii) analysis of the current state of preparedness in each of the countries represented, and (iii) identification of strategies to meet these benchmarks. This report presents the 12 benchmarks developed by the participants of that meeting.

Benchmarks

For enhanced disaster preparedness, the following benchmarks were identified.

1. Legal framework

Background

A legal framework must be in place on which disaster preparedness and response can be based, to successfully bring the necessary resources together to prevent a disaster from occurring or enhance the preparedness to cope with disasters. It lays down the ground

rules and principles to be adopted in disaster management, and places the actions to be taken into a broader ethical and lawful social context. The legal framework must not only provide a mandate, but must also include funding, the required resources and designation of authority. A legal framework reflects awareness of, and political commitment to, the importance of disaster preparedness.

Issues

Many countries did not have a legal framework upon which to base preparedness and responses. Some legal frameworks were response-oriented and did not encompass preparedness or mitigation strategies.

Recommendation

All countries must have an established legal framework upon which to base preparedness activities and responses. This framework must include allocation of resources and transfer of necessary authority as well as organizational structure and mechanisms for the coordination of preparedness and response activities.

Benchmark 1

A legal framework with functioning coordination mechanisms and an organized structure is in place for preparedness and response.

2. National disaster plans for preparedness and response

Background

Many countries in the Region did not have adequate disaster plans. As disasters often require immediate responses, the chain of coordination and control for disaster management needs to be clearly defined, along with clarity in the decision-making process. Without these, the effectiveness of the response may be diminished and lead to critical delays.

Good plans must include: (1) standard operating procedures (SOPs); (2) memoranda of understanding; (3) mechanisms for coordination and control; (4) responses; and (5) all-hazards and hazard-specific approaches.

Recommendation

Disaster preparedness plans must be clearly laid out to protect the population at risk. These plans should be practised and critiqued at all levels and at frequent intervals.

Benchmark 2

Regularly updated disaster preparedness and emergency management plans for the health sector are in place. They must include: (1) SOPs (emergency directory, national coordination focal point); (2) memoranda of understanding; (3) mechanisms for coordination and control; (4) responses; and (5) all-hazards and hazard-specific approaches.

3. Community disaster plans for preparedness and response

Background

Many communities did not have comprehensive community-level disaster management plans. Experiences from most countries indicated that preparedness at the community level was the most effective tool for mitigating the damage created by a disaster. Good plans need to include: (1) SOPs; (2) memoranda of understanding; (3) mechanisms for coordination and control; (4) responses; and (5) all-hazards and hazard-specific approaches.

Recommendation

Community-level plans for damage mitigation, preparedness and responses should be in place to reduce the damage and loss of function created by a disaster. These plans must include the ability to request and receive the needed resources.

Benchmark 3

A community plan for mitigation, preparedness and response that is based on risk identification and participatory vulnerability assessments, and backed by a higher level of capacity has been developed.

4. Community capacity

Background

A sudden-onset disaster calls for immediate responses. However, there is often a time gap before external assistance arrives following a disaster. Given the magnitude of the tsunami, launching a full-scale response was a challenge for Thailand. Though Thailand was relatively well-prepared, the first medical teams from Bangkok arrived in the tsunami-affected areas only after about eight hours. For a community to be self-reliant following a disaster, it is not enough to have a plan and trained people; it must have access to the other resources required to manage the crisis.

Recommendation

Community-based response and preparedness capacities should be supported. Local people must be trained so that they know what to do in the event of a disaster. This includes identifying or building suitable places that could serve as temporary shelters, taking measures to increase the absorbing and buffering capacities of communities, and performing regular simulation/mock drills. The community must have access to the resources required so that it can survive until external assistance arrives.

Benchmark 4

Community-based response and preparedness capacities have been developed, and are supported with training and regular simulation/mock trials.

5. Benchmark 5

Local capacity for emergency provision of essential services and supplies (shelters, safe drinking water, food, communication) is developed.

6. Emergency budget, resources and accountability

Background

Following an emergency, resources should be immediately available. Attempting to identify the resources required after an event often leads to loss of valuable time, unnecessary loss of life, and increased pain and suffering. Careful accounting must be done of how and why the resources were consumed, as well as the amount.

Issue

Although resources are required immediately to cope with emergencies, these are often not readily available. Attempting to obtain these resources at the time of an actual crisis is difficult, if not impossible.

Recommendation

Local and national budgets should take into account financial resources for disaster preparedness and responses. Additional funds must also be accessible in the time of emergency. Accountability procedures for documenting their use should be in place.

Benchmark 6

Countries have a line item in their budget and system to ensure that financial resources are accessible to meet the immediate needs in case of a catastrophic event. Essential personnel, equipment and supplies also are available in quantities necessary to cope with the damage created by an event for which it is at risk. Accounting procedures for the use of such resources are in place. Emergency financial (including national budget), physical and regular human resource allocation and accountability procedures have been established.

7. Rules of engagement

Background

A disaster often requires a multisectoral approach involving a wide range of actors. Following the tsunami, in Aceh alone, there were more than 350 organizations working in the health sector. The situation in Sri Lanka was similar. While some organizations were well-trained and brought the resources required for their operations, others had goodwill and good intentions, but their skills and resources were limited. In addition, responders and responding agencies did not always understand the cultural context in which they were working, and therefore hampered

rather than helped the relief and rehabilitation efforts.

Confusion and duplication of efforts often results unless the responses are well-coordinated between the responding sectors. Often, responses by external actors are not coordinated by an authorized national and local agency. External actors who wish to provide assistance to the stricken must be self-sufficient or they create an additional burden on the affected society.

Issue

The assistance offered by external humanitarian actors may not be appropriate to local conditions and culture, and may even offend those affected.

Recommendation

Rules of engagement (including conduct) for external humanitarian actors based on needs must be developed and implemented in each country. Specific attention must be directed to qualification of the responders to meet the needs of the affected population including psychosocial support. Each responding agency must be self-supporting.

Benchmark 7

Rules of engagement exist for the management of external actors.

8. Advocacy and awareness

Background

Following the tsunami, there were various rumours, e.g. dead bodies spread diseases, and that fish were contaminated because they had fed on the dead human bodies. WHO and the Ministries of Health of the affected countries countered these rumours with accurate information.

Advocacy and awareness development through education of the population, information management and communication (before, during and after the event) are essential. A competent spokesperson should be appointed to provide updated, correct information to the mass media. In Myanmar, essential information about methods of protection during a disaster is included in the school curricula.

Issue

Lack of awareness about the hazards and risks, as well as not knowing what to do in case of an emergency, results in preventable deaths and injuries.

Recommendation

Awareness of the dangers of and education on how to cope with disasters and other emergencies should have high priority at the country and community levels. Appropriate information should be provided by the inclusion of these messages in school curricula. Educational materials must be prepared and distributed to the general

population. Advocacy programmes to promote awareness must be in place before a potentially catastrophic event occurs.

Benchmark 8

Advocacy and awareness have been developed through education, information management and communication (before, during and after the event).

9. Risk identification and hazard–vulnerability assessments

Background

During disasters, people should be physically and psychologically prepared. For example, although the response to the tsunami in Thailand was very good, it could have been even better. Prior to the tsunami, Thailand was not considered to be a disaster-prone nation, so all of the appropriate measures were not in place and the society was physically (buildings and infrastructure) and psychologically not well prepared. The hazards and the risks to which a society is susceptible should be estimated.

Some preparedness measures are appropriate for all hazards, while others are event specific. Knowledge of the hazards allows assessment of the vulnerability of the population at risk for the hazard. Such vulnerability assessments are essential for setting priorities for implementation of appropriate preparedness measures.

Issue

Many societies are not aware of all of the hazards to which they are exposed and/or of their respective vulnerability to the hazards.

Recommendations

The hazards, risks and vulnerabilities for which the population is at risk should be identified at all levels (local to national). Appropriate measures should be taken to reduce the vulnerability of the population to specific and all hazards.

Benchmark 9

Capacity to identify risks and assess vulnerability levels has been established. Appropriate measures have been implemented to reduce the vulnerabilities.

10. Human resources

Background

During any sudden-onset disaster, there usually is an immediate demand for a large number of skilled persons such as doctors, nurses and paramedics, to tend to injured persons; water and sanitation engineers to ensure the provision of safe, clean water; and public health workers to monitor outbreaks of diseases. To ensure that adequate

numbers of people with the required skills are available during a disaster, it is important that there is commitment to train human resources, and that these skills and abilities are refreshed and maintained.

Issue

In the affected countries, there was a paucity of trained individuals who could cope with the damages created by a disaster.

Recommendation

Adequate numbers of people must be educated and trained to participate in preparedness activities and to provide appropriate responses once an event has occurred.

Benchmark 10

Human resources capabilities are updated and maintained continuously. Appropriate programmes to educate and train people to cope with events and disasters have been implemented. Adequate numbers of people are being trained, and trained experts are on call in case of a disaster.

11. “Disaster-resistant” health facilities (“safe hospitals”)

Background

Earthquakes and similar events, by themselves, do not lead to deaths. Deaths and injuries are a consequence of buildings and structures that collapse because they could not withstand the forces exerted by the earthquake. In Aceh, the earthquake and tsunami destroyed a large number of health facilities. This worsened the impact of the event, as people needing medical attention had nowhere to be treated.

Issue

Many health-care facilities were not structured to withstand or continue to operate during disasters.

Recommendation

Health facilities should be built/modified to withstand the forces of expected events. This may require retrofitting existing structures and strengthening the building codes for the construction of new facilities.

Benchmark 11

Health facilities are built/modified to withstand expected risks and to be able to continue to provide the required medical care during events and disasters.

12. Surveillance and early warning systems

Background

Surveillance and early warning systems are necessary for identifying health concerns. In Thailand, previous experiences with SARS and avian influenza had helped establish an effective mechanism for surveillance of an outbreak of communicable diseases. In Thailand, community involvement was good, and health workers were trained in surveillance and reporting.

Issue

Adequate public health surveillance and early warning systems were not in place in all countries.

Recommendation

Surveillance systems should be strengthened and be functional before a precipitating event strikes. An early warning system for hazards to which the population is at risk should be strengthened to provide the community with information prior to the event when possible.

Benchmark 12

Early warning and surveillance systems for identifying health concerns are established.

Strategies and mechanisms

Strategies and mechanisms by which these benchmarks could be achieved were identified and developed to assist the countries in improving their levels of preparedness for the next event. These were categorized into seven different themes.

1. Monitoring, evaluation, surveillance and assessments
2. Education and training
3. Information and communication
4. Legislation, policy and authority
5. Funding
6. Planning and preparedness
7. Coordination and control

Future steps

With the country status identified in all of the critical areas of disaster management (including preparedness), the priorities for each country were listed by the participants.

Based on these outcomes, a framework of action was taken by the countries to achieve these benchmarks.

To enable countries of the Region to share experiences and track progress, a password-controlled, online forum for emergency preparedness and response was suggested. The progress achieved would be reviewed.

BALI DECLARATION

The relief and rehabilitation phase of the tsunami of 2004 came to a close on 30 June 2006. The end of this phase was considered an appropriate time to reflect on the work done and strategies undertaken in the past one-and-a-half years, and evaluate how the lessons from this experience could be applied to future disasters all over the world. A Regional Consultation on “Emergency Preparedness and Response: From Lessons to Action” was held in Bali, Indonesia on 27–29 June 2006 to identify strategic actions to ensure that the lessons learnt from the tsunami were integrated into disaster management plans and implemented in countries of the Region. Representatives of the governments of all tsunami-affected countries attended the meeting along with several NGOs and donors.

The meeting culminated in the Bali Declaration, wherein participants resolved to urge Member States to improve multihazard disaster preparedness, empower communities in this regard, and convert the Bangkok Meeting benchmarks into a strategic action framework by developing measurable indicators with timelines.

The response to the tsunami was also reviewed in terms of how the experience helped in the response to the Yogyakarta earthquake. In Yogyakarta, health personnel from within the country were mobilized within a day of the disaster. Surveillance systems drawn up for the tsunami were adapted to local needs for the Yogyakarta earthquake. Guidelines developed after the tsunami on mental health and psychosocial support also proved useful.

The meeting also analysed the progress made by countries on the 12 benchmarks for disaster preparedness that had been developed in November 2005 at the Bangkok meeting. Analysis was carried out with respect to multisectoral cooperation, capacity building, community empowerment, and standards and guidelines. Successful examples within countries which could be replicated across the Region as well as barriers to achieving the benchmarks were identified. The analysis included validation of the benchmarks in non-natural hazard emergencies such as pandemics. Eight of the 12 benchmarks were found valid and necessary for pandemic preparedness.

Concrete recommendations from the Bali Meeting included the continued support of WHO in achieving the benchmarks and the establishment of a Regional Emergency Fund. The WHO SEARO EHA Programme is pursuing these recommendations. Both will contribute directly to risk reduction, and reduction of avoidable mortality and morbidity during emergencies through improved capacities in preparedness and response.