



Period covered: 00:008/1/05-00:009/1/05

9 January 2005 (12:00IST)- Finding the right balance between relief for the dire acute emergency and reconstruction continues. While calls for and plans for rehabilitation are picking up, particularly in Sri Lanka, the reality in the field remains that some areas remain difficult to access. Health actors, supported by WHO, are progressing with health assessments and know what is needed technically. The current challenge is building full operational capacities on the ground.



Priorities

- Relief efforts are still critical: Some populations in remote areas in Indonesia remain difficult to reach so there is no visibility into how many people are there and how many need aid.
- Recovery efforts starting simultaneously with the relief efforts. Health actors, supported by WHO, are progressing with health assessments and detailed needs are being defined.
- WHO Director-General Dr LEE, Jong-wook, completed his initial visit to Sri Lanka and Indonesia.
- A main challenge going forward is maintaining and further strengthening the coordination with all health, civil and military sectors.
- WHO's operational priority is now to extend the operational platform that has been put in place in capital cities in affected countries out to field offices.
- Though isolated incidence of a number of diseases are increasing, including diarrhoeas, no outbreaks have been reported.
- Phone verification of an isolated case of measles triggered a vaccination campaign in Aceh.
- Access to safe water and sanitation remain of critical concern.

Situational Updates

	Areas affected	Damage	Displaced	Relief	Injured	Missing	Deaths
India	2260 KM of coastal land affected, penetrating 300m to 3 km. 3.6M people affected	897 villages, 157,393 dwelling units, 4314 HA of cropped area, and 1.56B USD	645,034	614 relief camps with 384,658 people. 642,297 people evacuated	3,324 in Tamil Nadu only	5624	10,012
Indonesia	Aceh: Districts (14 out of 21); 1 mill. people	172 sub-districts, 1550 villages, and 21,659 houses destroyed	605,849		1,443 hospitalized	10,078	113,306
Malaysia	NW states of Penang and Kedayh		8,000	30,000 in 9 camps	73 in-patient/ 694 outpatient	6	68
Maldives	20 Inhabited islands with 100,000 people	1/5 of islands have no clean water	21,663		2,214	26	82
Myanmar	10-15,000 affected long-term. 5-7000 directly affected	592 houses of 17 villages destroyed	3,205 homeless/ households (638)		43	3	60-80
Sri Lanka	Affected families (103,789), houses (103, 753)	91,749 fully damaged houses and 25,731 partially damaged houses	515,234	592 relief camps	14,573	4,939	30,718
Somalia	18,000 households. 650km stretch of coastline	1,975 completely damaged houses			283		150
Thailand	6 Provinces of west coast	6.85M Baht have been provided to assist victims	8,500 evacuated to other islands	47,708 rescue workers mobilized	8,457	3,498	5,305

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Health Priorities

Health Priorities: From the current assessments, five priorities are emerging. First, injury related conditions account for much of the health care needs. Appropriate medical and surgical treatment of injuries is vital to improving survival, aversion of avoidable deaths due to tetanus, septic complications of wounds, and limitation of long term disability. Second, access to safe drinking water supplies and the prevention of disease caused by inadequate sewage and waste disposal is a major issue in some areas. Third, countries are on the alert and are monitoring for possible disease outbreaks through disease surveillance and verification. Fourth, the mental health of the affected communities must be addressed. Fifth, the reconstruction effort is focusing on health infrastructure and systems redevelopment.

India: No outbreaks of communicable diseases or epidemics have been reported. Surveillance is being carried out by the Ministry of Health (MOH) and state administrations with support from WHO. Cases of acute diarrhoeal disease and fever have been reported and investigated. Children have been vaccinated for measles in affected areas and 14 cases were reported in the district of Cuddalore.

Indonesia: No outbreaks of communicable diseases or epidemics have been reported. Numerous cases of tetanus reported.

Maldives: No outbreaks reported. On January 8, Since December 26, the following cumulative number of cases was officially reported as follows: diarrhea (469), viral fever (395), ARI (130).

Sri Lanka: No outbreaks at present. Rumors of both measles and cholera have been investigated and determined to be chicken pox and viral diarrhea. In Trincomalee, a very affected areas, 7 cases of diarrhea were reported in displacement camps. Disease surveillance mechanisms at the camp settings must be dramatically strengthened. The district hospital has been completely destroyed – its original patient capacity was 700 out-patients per day. The hospital setting has been temporarily re-established in a local library. In Ampara, another area particularly badly-affected, several health facilities have been partially or completely destroyed, including 2 out of 8 district hospitals. Despite this extensive damage, in general the overall situation is improving – an increasing number of displaced persons are returning to their homes, while routine immunization is being conducted through weekly clinics. Antimalarial activities (fogging, sprays) have been initiated, and disease surveillance is strong.

Thailand: No disease outbreaks have been reported, however an increase in diarrhoeal cases (90 cases) has been reported. Additionally, 9 cases of respiratory syndrome, 6 cases of dengue fever, and 21 wound infections were reported. No vaccine-preventable diseases have been reported.



Environmental Health (access to safe water and hygiene, sanitation situation)

India: The provision of safe drinking water remains a priority on the Andaman and Nicobar (A&N) Islands which have received 827 metric tons of airlifted drinking water so far. Temporary water supplies have been re-established though airdropping continues is still necessary in remote areas. A desalination plant and one brackish water treatment plant have been shipped to the islands.

Maldives: Safe water supply must be further improved. Sanitation infrastructure is disjointed, particularly in the area of disposal of sewage and disinfection of living spaces contaminated by waste.

Sri Lanka: There is a potential for outbreaks due to inadequate sanitation facilities in Ampara and Kalmunai, especially in the southern part where 1000 persons are reported to have access to only three toilets. Although enough water is available for drinking and washing, there is no way yet to test its quality. In Batticaloa, only very few water tanks are chlorinated. However MoH has announced that there are now sufficient supplies of chlorine and water purification tablets in all districts.

Thailand: A cluster of 7 cases of food poisoning in a camp in Ranong was reported, indicating an urgent need to improve sanitation and hygienic conditions in displacement camps.

Other health issues (Mother and child health, mental health)

Maldives: Field staff report inadequate nutrition and reproductive health care for 1500 pregnant women dispersed across the islands.

Sri Lanka: In Ampara, one of the worst affected areas, routine immunization is being conducted through weekly clinics with reports of 100% vaccination coverage of children under-five years of age.

Thailand: Interior Minister Bhokin Bhalakula reiterated that the government would provide help to all 334 tsunami orphans.

Health system and infrastructure (functioning health facilities, access)

India: According to assessments by government agencies, damage to health infrastructure facilities is limited.

Indonesia: A US Center for Disease Control and Prevention (CDC) team seconded to WHO will support the MOH in conducting health facilities assessment.

Sri Lanka: Makeshift hospitals have been established by NGOs to temporarily replace what was totally destroyed in two of the most affected areas – Ampara and Trincomalee. Gaps in co-ordination exist at the local levels and logistics/supplies flow is slow.

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WHO Action

WHO has five strategic priorities in responding to this event: surveillance, health systems assessment (damage plus rehabilitation), key public health guidance, supply systems and coordination. In order to achieve these goals, action taken by WHO is as follows:

Getting expert people to the theater of operations: The Global Outbreak Alert and Response Network (GOARN) has been activated and 120 expert epidemiologists are on standby. 12 expert epidemiologists from GOARN (from CDC Atlanta, EPIET, and independent experts) plus 10 expert epidemiologists from WHO are either en route to countries or will be deployed early next week. Water and Sanitation experts will also be deployed shortly.

Getting an operational platform in place in the theater: This support system platform, consisting of office space, IT infrastructure, and HR support, needs to be good enough to receive the GOARN experts, mental health experts and other epidemiologists needed. WHO's operational priority is now, to extend what has been put in place in capital cities out to more affected areas, working, wherever possible, with the joint UN facilities. VSAT satellite engineers will be arriving in Indonesia on Monday. WHO has also deployed 5 logisticians each to Sri Lanka and Indonesia (currently on the ground) and 1 IT person each (currently en route). Plans are underway to send more logisticians and IT professionals to Indonesia. Maldives has two logisticians en route.

Getting supplies to the theater of operations: The first WHO shipment for the emergency response includes 191 New Emergency Health Kits (NEHK), each one covering 10,000 people for primary health care for 3 months, 100 surgical kits, each one covering 100 surgical interventions, and 40 diarrhea kits, each one covering 100 severe cases. 80% of this first batch of supplies will be delivered and in country by the end of the weekend. 81 vehicles have also been mobilized.

Getting funding for the event: WHO has made an appeal for 67 million USD and has so far received pledges for 27 million USD.

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WHO Country information

India: WHO is providing technical assistance to strengthen routine immunization services and to further strengthen disease surveillance. Rapidly identifying potential disease outbreaks will be critical to implement an effective and quick response.

Indonesia: There is currently a bottleneck of humanitarian relief supplies and donations arriving in Jakarta which cannot be transported by air to Aceh Province. WHO is working to establish an appropriate logistics chain from Jakarta to the field. Various UN agencies are collaborating on this. The Government of France has already dispatched two ships, a helicopter and a frigate to aid the relief effort in Indonesia. WHO Director-General Dr LEE, Jong-wook, completed his initial visit to Sri Lanka.

Myanmar: The Tsunami Assistance Coordination Group, chaired by the International Federation of the Red Crescent Societies (IFRC) and including WHO, met on 6 January to consolidate findings of the different assessment and verification missions. The group's assessment of the scale of impact is in line with the government's own findings that Myanmar was largely spared from the earthquake and tsunami and that the initial emergency needs have been met by the government and the aid community. Future coordination and planning will be ensured by a small liaison group following up on a second assessment phase for mid and longer-term needs and support.

Sri Lanka: People are returning home or finding other more permanent solutions. The government, which is currently identifying land for relocation of displaced families in all districts, will start moving people from all public buildings, including schools. WHO Director-General Dr LEE, Jong-wook, completed his initial visit to Sri Lanka. WHO has been named the health coordination agency within the UN family in the wake of the crisis. Although WHO is not by tradition a funding agency, it was able to quickly mobilize up to US\$400,000 in the first few days following the disaster. At the present time, WHO has allocated an additional US\$1.5 million for immediate needs.

Maldives: A WHO epidemiologist arrived on 8 January to assist in tracking patterns of life threatening diseases and advise on their prevention and control. The President of the World Bank Mr. James D. Wolfensohn and the UN Secretary General are expected in the Maldives on 9 January 2005. WHO has supplied 11 New Emergency Health kits (for a total of 98), 10 Surgical Kits, 100,000 packs of oral rehydration salts, and 6.5 MTs of chlorine.

Through the Emergency Health Action Programme for South-East Asia, the financial requirements for WHO's health response over the forthcoming six-months period is assessed at US\$67 million. WHO thanks the Vienna Philharmonic Orchestra (cash) and the governments of the United Kingdom (DFID for cash and in-kind), Italy (in-kind), Switzerland (cash and in-kind), France (cash), Norway (in-kind), Canada (in-kind), China (in-kind) Finland (in cash) Germany (in kind), Kingdom of Saudia Arabia (cash) Sweden (cash) and Denmark (in-kind) for recent and early contributions. Expressions of support from individuals around the world are overwhelming.

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