



World Health Organization

Emergency Health Action Programme for South East Asia (first 100 days) following the events of December 26 2004 (Earthquakes and Tsunami)

Background

The disaster that struck in South East Asia affecting twelve countries on 26 December 2004 has been called one of the worst natural disasters in modern history. At least 70,000 lives have been lost so far, as many as 300,000 people have been injured and many are in need of urgent medical or surgical treatment. The death toll is likely to increase further. In the region it is estimated that as many as 5 million people have been directly affected. Damage and destruction to infrastructure has left many homeless and without adequate health facilities to meet basic health needs of affected populations.



The need for immediate public health action for the surviving populations hit by this disaster is critical. Vulnerable groups including women, children and the elderly are particularly at risk. Millions of people are now under serious threat of disease outbreaks as a result of damaged water and sanitation systems and sea water contamination. Cholera, typhoid fever, shigellosis, hepatitis A and E are serious threats. Vector-borne diseases such as malaria and dengue fever also pose a significant threat. Increased overcrowded conditions of displaced people lead to an increased risk of outbreaks of measles, influenza and meningitis, increased incidence of acute respiratory infections and increased tuberculosis transmission. Leptospirosis may also become a risk. The table below indicates the risk of diseases to each country affected by the crisis. Monitoring diseases, communicating information, guidance and responding to emerging health threats is essential.

	Sri Lanka	Indonesia	Maldives	Thailand	India
Cholera	+	+	-	+	+
Typhoid	+	+	-	+	+
Shigellosis	+	+	-	+	+
Hepatitis A & E	+	+	+	+	+
Dengue fever	+	+	+	+	+
Malaria	+	Not in coastal areas	-	Not in south	Not in south
Scrub typhus	+	+	+	+	+
Leptospirosis	-*	+*	?	+*	-*

The WHO Emergency Health Action Programme in South East Asia is critical to responding to the urgent needs of the affected populations of this regional crisis.

Initial actions undertaken by WHO

The *WHO Health Action in Crisis Network* was activated immediately following the news of the disaster. WHO Headquarters in Geneva and the WHO South East Asia Regional Office in New Delhi have established 24-hour Operations Crisis Centres with a senior level task force to support the emergency needs of the affected countries in the Region, including Indonesia, Sri Lanka, India, Maldives and Thailand in particular, and Bangladesh and Myanmar.

WHO actions underway include:

- supporting needs of country offices and Ministries of Health in disease surveillance;
- providing technical advice to countries on good practice in outbreak situations and to reduce environmental and public health risks;
- supporting needs assessment and proposal development for present and medium term restoration and protection of the health and well-being of the affected population;
- providing guidelines on disposal of dead bodies, psycho-social needs and protection of vulnerable groups, especially women;
- mobilizing resources and supplies such as essential drugs and water purification tablets/chlorine; and
- Coordinating and managing information requests for technical issues and public and media information.

WHO staff from all over the world have already been mobilized to support country operations in the region. Senior Regional Office Staff and technical staff from non-affected Member States have been assigned to Sri Lanka, Maldives and Indonesia.

In WHO country offices, the Emergency and Humanitarian Action focal points are active in supporting authorities in coordination for the health sector and participation in initial needs assessments jointly with Governments and UN Agencies and NGOs. As a result, emergency health kits and other requested supplies have already been shipped to Sri Lanka, and Aceh, Indonesia by WHO. Other supplies and needs are also being addressed for India and the Maldives.

Emergency health support strategy

Taking advantage of WHO's long established knowledge of prevalent conditions and partnerships with national and local authorities in all the disaster-affected countries in the region, and the initial results of assessments underway, WHO's preliminary strategy for the first 100 days (approximate period till end of March 2005) is summarized below.

The overall purpose of WHO emergency support to national health authorities and health sector partners is to protect the health of survivors and other vulnerable affected people affected by the disaster. This is being mediated through the following major objectives:

- Monitoring public health to provide early warning of emerging health threats and to enable the timely organization of any necessary response.
- Replacing lost assets, infrastructure, and supplies that are crucial to meeting additional health needs consequent to the disaster, as well as the reactivation of key previously-available health services.
- Providing technical expertise to health authorities to enable key gaps to be filled;
- Establishing and sustaining effective regional, national, and local health coordination arrangements, to enable efficient deployment of assistance resources;
- Ensuring adequate up to date communications on the health situation is available to all local and international stakeholders;
- Refining health needs assessments over the coming period, and facilitating early recovery and rehabilitation.

WHO support intends to target health coverage for 4 million people in the region, including 2 million internally displaced and 100,000 injured. As detailed and geographically specific assessments become available, the above objectives will be refined into specific **priority activities**. Emerging priorities include technical assistance for the provision of safe drinking water, the setting-up or reactivation of communicable disease surveillance and response systems, and initial actions required to re-establish the basic health care system, including hospital based care.

This WHO Emergency Programme for Southeast Asia is being organized from the WHO South East Asia Regional Office (SEARO) in New Delhi, in partnership with the Department for Health Action in Crisis at WHO Headquarters in Geneva, and WHO Country Offices in the region. Technical expertise from all the WHO family including technical departments, other regional and country offices, have been mobilized.

The in-country response will be made possible through establishing an operational platform for WHO activities. During this 100 day period, WHO will focus on operational responses in Indonesia, Sri Lanka and Maldives, and strengthening the support available from the WHO SEA Regional Office. Emergency Management Units (EMU) will be established in the WHO Country Teams, headed by an Emergency Coordinator who will work under the supervision of the WHO Representatives Office. The location of the team will be agreed country by country; in Indonesia it is anticipated that the team will be located in Aceh, on premises shared with other UN agencies. In Sri Lanka and Maldives, it is anticipated that the EMUs will be located in or near the WHO Representatives Office. Small, mobile 'response' teams consisting of technical expertise in epidemiology, surveillance and environmental health, health system development and logistics will work in affected communities using the EMU as their base.

30 December 2004

Preliminary budget for this 100 day strategy

WHO has already initiated emergency action along the above lines, with available internal funding and loans. The resources requested under this emergency programme are needed immediately to continue the initial response. They will be flexibly deployed, in reaction to the results of ongoing assessments, specific requests from authorities and health sector partners, and the complementary inputs of other agencies, with whom close coordination is being maintained nationally, regionally, and globally, in cooperation with Member States and the United Nations system.

	Item	Budget (US\$)
A	Public health expertise to assist local and national authorities	5,000,000
B	Logistic support to accelerate health delivery to affected populations	5,000,000
C	Essential drugs, other medical supplies and equipment to replace lost assets, meet additional needs, and emergency repair of health infrastructure	20,000,000
D	Building capacity and planning/kick-starting health system recovery	2,000,000
E	Project Management, Monitoring and Reporting	3,100,000
	Subtotal for Emergency Programme	34,100,000
	Programme support costs 6%	2,046,000
	TOTAL REQUESTED	37,146,000

We would like to thank the governments for their marked interest in supporting WHO and the recently received early contributions from DFID (cash and in kind) and the Governments of Italy (in kind), Switzerland (in kind), France (cash) and Norway (in kind).

Notes to budget

A: Provision is made for (a) the placement of experts for three months in public health, epidemiology, communicable diseases, watsan, health systems, logistics and communications through the WHO offices and sub offices in all countries; (b) 120 days of other specialized experts on aspects such as reproductive health, essential drugs and supply management. These would be deployed to countries under national plans of action; (c) expert staff support backup from WHO SEARO (12 person months) and WHO/HQ HAC (9 person months).

B: This provides for transport, telecommunication, security and operating expenditure incurred in delivery of health inputs in disaster hit areas, including temporary support for national and local health authorities and operational partners.

C: Provision (including transport) is made for (a) 300 New Emergency Health Kits and approximately 200 other specialised kits including kits for trauma management, reproductive health and laboratory; and (b) replacement of lost medical equipment and repair of essential urgent infrastructure.

D: The lessons learned from this disaster for future capacity in the health sector will be fed into recovery planning, which needs to start as soon as possible. The forthcoming Disaster Reduction conference in Kobe in January 2005 will be a forum for inter-country discussions on an early warning system for future tsunami and similar disaster risks. Provision is made for the health ministries of disaster affected countries to participate in Kobe as well as support for national level planning for rehabilitation.

E. Includes the additional costs of WHO at regional and HQ level for programme delivery and oversight, and reporting.

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