



World Health Organization

Health Action in Crises Situation Report #2

South Asia: Earthquake and Tsunami - Dec 2004

Period Covered 28th to the 29th December, 2004

Date of transmission: 29th December, 2004 20:00 hrs

Key Developments

- WHO offices are fully mobilised across the region, with 24 hour crises centres opened in New Delhi and Geneva
- WHO country offices are being strengthened as public health specialist and supplies are sent from regional and headquarter office(s)
- Needs assessments under way, health sector co-ordination and response plans are being developed



Situation Update

Indonesia

Close to the epicentre of the quake, Northwest Sumatra is most likely to be the worst affected area. Information availability from the Aceh province has been hindered by its recent conflict. The total number of people affected could be anywhere between 1 to 3 million people. Unconfirmed reports indicate that 80% of the West Coast of Aceh, and similarly 50% of the province's capital Banda has been badly damaged or destroyed. There is only one hospital still operating in the province however its patient capacity is unknown. There is no electricity or fuel available and many roads are impassable. The province's UN office has been completely destroyed and UN staff are currently operating out of IOM's Banda Aceh Sub-Office.

Assessing need, and providing immediate relief in or as close as possible to all affected areas remains the top priority. The Government of Indonesia and some NGOs have already mobilized, and the WHO is participating in an integrated assessment mission and is pre-positioning human resources and medical supplies in order to expand its operations.

Sri Lanka

At least 1 Million people have been directly affected with infrastructure potentially having being destroyed as far as two kms inland. Much of the infrastructure is reportedly damaged or destroyed and the number of deaths is currently at 23,000. 500 camps/ad-hoc concentrations of homeless people have appeared and are in need of assistance. It is a priority that they have access to clean water, shelter, sanitation structures, food and health care. As well as supporting coordination through UNDAC, WHO has mobilized three outreach field teams. A first batch of medical supplies has been sent to Colombo to support health field staff.

Maldives

Approximately, some 100,000 people maybe affected. Access to clean drinking water is the immediate priority as the aquifers have been widely contaminated by salt water. Reportedly, cases of diarrhea are already increasing. At least in the accessible islands, the health network does not seem severely affected, except for damage to two hospitals.



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India

Tidal waves hit the coast of Tamilnadu, Andhra Pradesh, Orissa, Kerala and Pondicherry and unto the Andaman and Nicobar islands. Coastal Tamilnadu, possibly Car Nicobar and Greater Nicobar were the worst hit. Twenty six million people live in the affected area and the current death toll is reported at 10,000. The Union MoH has dispatched full medical teams including epidemiologists, surgeons, etc. to the affected areas. The ministry is monitoring the situation, relief operations, and is in constant coordination with the local government officials, WHO and the local UNICEF.

Malaysia

The state of Penang was the most severely affected followed in order by Kedah, Perlis and Perak. The current number of deaths reported is 65. The MOH is providing medical treatment, safe water, sanitation facilities to prevent an outbreak of infectious diseases. WHO is monitoring the situation together with the MOH and the UN country team.

Myanmar

National media reports that seventeen coastal villages are destroyed, 200 people homeless, 34 people dead, 45 injured and 25 missing. There are concerns about the possible pollution of water points, and consequent problem with drinking water. WHO is working with partners to develop a more comprehensive assessment.

Other Countries

Bangladesh, Somalia, Kenya, Tanzania and the Seychelles were also hit by the tsunami. Only Somalia has reported substantial loss of life with UN field staff reporting 110 deaths. WHO African and Eastern Mediterranean Offices are following up.

Health Priorities

The immediate concern is to ensure the health of the **survivors**. We are working to determine their number, location and condition. We know that there has been massive damage to infrastructure and that between 3 to 5 million people throughout the region are unable to get the basic requirements that they need to survive and cope.

The priorities:

- **First: Provide medical and surgical care to the injured.** Some hospitals are overwhelmed by the influx of injured. Doctors and health workers are working around the clock to cope.
- **Second: Ensure that clean water in adequate quantity is available** to all affected populations, together with adequate and sufficient sanitation facilities in temporary camps and settlements to reduce the risk of outbreaks of different diarrhoeal diseases such as diarrhoea and dysentery.
- **Third: Ensure that survivors who have lost their homes do not live in conditions that are overcrowded, unhygienic and/or dangerous:** These conditions increase the risk of acute respiratory infections that can quickly develop into pneumonia and emerge as major causes of death - especially among children and old people, if left untreated. Across the region, essential medicines and trained health care workers must be easily accessible for all affected population.
- **Fourth: South East Asia is endemic for malaria and dengue fever.** Flooding and stagnant water will create especially favorable conditions for the mosquito vector and heighten epidemic risk for individuals and communities in overcrowded conditions and temporary shelters.



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- **Fifth: We are concerned about the contamination of the environment by toxic chemicals if hazardous industries, pesticide warehouses for agriculture, gasoline tanks, oil pipelines and/or waste disposal sites are flooded and destroyed.** Flooded and destroyed facilities are prone to release chemicals into the environment resulting in immediate health risks as well as medium to long-term health consequences from direct contact of the chemicals with humans as well as indirect exposure such as through chemically contaminated drinking water or food.

WHO Action

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. A senior level task force has also been convened to support the emergency needs of the affected countries in the region including, in particular, Indonesia, Sri Lanka, India, Maldives, Thailand, as well as Bangladesh and Myanmar.

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, Emergency and Humanitarian Action focal points are active in supporting authorities in the coordination of the health sector. They are participating in the initial needs assessments being jointly carried out by Governments, UN Agencies and NGOs. In terms of medical equipment, as an initial response the WHO with additional support from Italy, Norway and the United Kingdom has deployed 23 emergency health kits to the field. These kits are capable of covering the basic health needs of 40,000 people for a period of three months and have been sent to Sri Lanka, Aceh and Indonesia.