

WHO Conference on Health Aspects of Tsunami Disaster in Asia

**Phuket, Thailand
4–6 May 2005**



**World Health
Organization**

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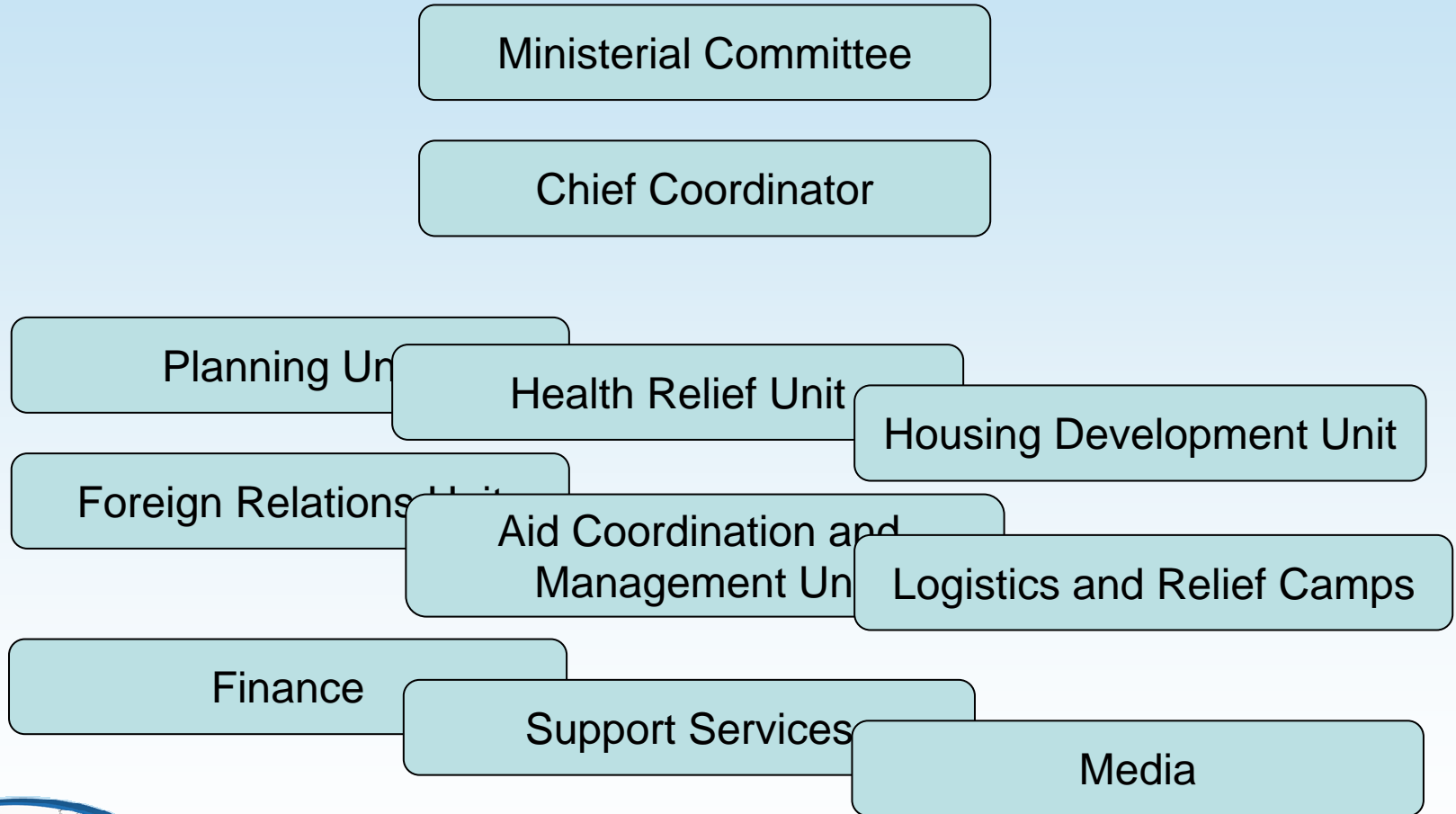


Tsunami Disaster Republic of Maldives

Photo Source: www.tsunamimaldives.mv



National Disaster Management Centre



www.tsunamimaldives.mv



Medical Relief Team

Minister
(Policy Communications)

Chief Coordinator
(Technical Advice & Media and over all supervision)

Deputy Chief Coordinator
(Management of Operations
And Inter-sector Coordination)

Coordinator
(Surveillance)

Coordinator
(Emergency Medical Care)

Coordinator
(Logistics)

Coordinator
(Psychosocial Support)

Coordinator
(Medical Supplies)

Coordinator
(Water and Sanitation)

Coordinator
(International Relief and
Aid Coordination)



Needs Assessment

- Immediate Need
 - rescue
 - emergency drugs
 - food and water
 - shelter
- Telecommunication and electricity breakdown.
 - Fixed and mobile phone systems failed
 - To consider satellite phones, VHF and HF radio communication
- Assessments by field visits of Nationals, International donors and UN agencies.





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Needs Assessment

- Need assessment was evolving and a dynamic process
- Immediate response with prepared medical kits
- ORS, drugs and chlorine distributed
- Detailed assessment for recovery and reconstruction and project proposals prepared



Needs Assessment

- Rough estimate done based on the affected population and emergency drugs distributed
- Medium term need assessed and prepared.
- Pre-packed packages of WHO, UNFPA, Red cross received and distributed.



Needs Assessment

- Assessments were initially reviewed daily with key stakeholders including international agencies and donors
- Daily updates of disease outbreaks and water situation and changing needs received from the islands from different sources



Needs Assessment

- Problems
 - Too many fragmented assessments
 - Increased transport cost
 - Personnel's time
 - Burden to the community



Water and Sanitation

- Water and sanitation was a major challenge
- Increased salinity of the ground water
- Many rain water harvesting tanks were damaged
- Sewerage system in many islands were damaged causing ground water contamination



Water and Sanitation

- Distribution of drinking water
- Storage capacity enhanced
- Desalination facilities distributed with donor assistance, however there were significant problems of maintaining these plants





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Psychosocial needs

- Emerging psychosocial needs identified
- Volunteers and National NGOs actively involved
- Local capacity gap identified and training done by international agencies



Coordination at country level

- Relief efforts coordinated through National Disaster Management Centre (NDMC).
- Certain national groups and external agencies worked in the disaster affected area to large extent on their own.



Coordination

- Problems
 - Large volume of supplies
 - Problems of safe storage
 - Supplies with different priority levels
 - No established logistic mechanisms previously for a disaster of this magnitude



Coordination

- Problems
 - Many supplies received without prior information of contents had resulted in extensive work to take inventory and re-packing in smaller containers
 - Bottlenecks at the airport and at other distribution points with expired drugs and old clothes



Coordination

- Problems
 - Competition among donors and between donors and national agencies
 - Delay in committing funds by international agencies
 - Tendency for donor motivated needs



Coordination

- Support by international agencies
 - Expertise
 - Materials, equipments and drugs
 - Financial support
 - Logistic and distribution support
- Can be improved by better coordination



Gap-filling

- Limitation to health care access
 - Transport
 - Non-availability of adequate number of health care personnel
- Support from the international agencies in providing doctors and other public health care personnel for short term period



Role of Military

- In many instances military and international agencies worked together resulting in efficient service delivery
- In few instances international military operations (medical) were in parallel and not communicated to the health sector



Capacity

- Previous disaster drills at central level was helpful.
- National disaster plan needs to be revised in the wake of the Tsunami and link with the health component has to be clearer.



Capacity

- Learn from existing, well functioning disaster models.
- Nationally disaster drills to be carried out at all levels
- To participate internationally in disaster drills.
- Strengthen the local capacity at the regional and island level.



Capacity

- Management and handling of dead bodies.
- Psychosocial aspect of the disaster
- Swimming skills of children saved them from drowning



Capacity

- Many external “experts” lacked the necessary exposure and training for disaster situations.
- Should we have a standard for international experts?
 - For instance approved training or certificates.





THANK YOU



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