The earthquake on 26th December, 2004 in Indonesia followed by Tsunami have caused extensive damage in the State of Tamil Nadu, Union Territory of Andaman & Nicobar Islands and Pondicherry and the states of Kerala and Andhra Pradesh. About three million people were affected, 10,749 lives were lost and 5,640 reported missing, presumed dead and 7,187 person injured. The major damage was to coastal infrastructure such as dwelling units, fisheries, jetties and ship yards. The damage to health infrastructure included 80 sub-centres, 13 primary health centres and 7 partly damaged district hospitals. The overall damage and reconstruction is estimated to cost about 2 billion US dollars.

The established institutional mechanism at the federal, state and district level swung into action. Ministry of Home Affairs, the nodal ministry along with other concerned line ministries coordinated with the State Govt. evacuated 645,000 people, rescued 28,734, mobilized 7,400 Metric Tonnes of relief material and 881 relief camps were set up. The disaster response, unprecedented in Indian history had the requisite political, executive and social support.

Hon’ble Minister for Health & F.W. spearheaded the medical relief activities. Secretary (Health) and Director General of Health Services closely monitored all the activities. A Control Room in EMR division of Directorate General of Health Services worked round the clock and coordinated the relief activities with the concerned States/affected areas and the concerned central Ministries.

More than 290 doctors (consisting of physicians, psychiatrists, General Duty Medical Officers, Public Health Specialists, health administrators etc.), and 100 paramedics (consisting of nurses, technicians, Sanitary inspectors, fumigators) were deputed in the field from Central Govt. Institutions to the affected areas. Medical units of Army and para-military augmented medical efforts. These efforts supplemented the State initiated relief operations were the NGO also bridged the gap at local level in immediate and short term relief activities. About 50,000 patients have been attended to by the central medical teams. The disease profile being diarrhoeal diseases, fever cases and post-tsunami trauma cases.

About rupees 4.00 crore worth (5 Million USD) of emergency medical stores were dispatched by the Central Govt. to affected areas. Adequate amount of bleaching powder, Halazone tablets, ORS were ensured.

National Institute of Mental Health and Neuro Sciences, Bangalore coordinated the Psycho social relief and rehabilitation work along with other premier institutions in the country and WHO. These teams provided OPD and counseling services, sensitized volunteers and trained health personnel. The activities are still continuing and long term requirements are being assessed.

About 2,250 patients with severe mental health problems were treated, 3,500 counseled individually and 35,000 counseled through group/ family counseling. Capacity building efforts included identification of seven training hubs, holding 110 three day training workshops and conducting six day training of trainers for health professionals.
Govt. of India along with WHO reviewed disease surveillance measures and monitored potential outbreaks. National Institute of Communicable Diseases (NICD), the nodal agency for disease surveillance carried out need assessment along with WHO and established surveillance and reporting system in southern coastal belt through capacity building/infrastructure support. Similarly, NICD set up a Central Surveillance Unit at Port Blair for Andaman & Nicobar group of Islands.

Existing guidelines to control vector and waterborne diseases, measles, disposal of dead bodies were reviewed in consultation with WHO and circulated to all the affected states. Public Health Specialists from premier Public Health Institutions instituted and supervised public health measures such as safe drinking water, sanitation measures, vector control, immunization and IEC activities. All children of six months to five years of age in relief camps were vaccinated for measles and given recommended dosage of Vitamin -A supplement. Adequate stock of measles vaccine in all affected areas was ensured. The National Institute of Nutrition is undertaking nutritional surveillance in A&N Islands with focus on tribal belts.

Government of India also supported the efforts of other National Governments affected by Tsunami in terms of search, rescue and evacuation, provision of medical care, establishment of essential services and providing composite financial relief.

Based on objective assessment of rehabilitation needs, Tsunami rehabilitation program initiated by the Govt. of India emphasize on providing quality of life to the tsunami affected population through housing, livelihood support programs, infrastructure development which include social and community assets.

The three major disasters that struck India in the past five years made the Government to think on the paradigm shift from a response oriented effort to that of preparedness, mitigation, response and sustainable development, cutting across all sectors, to be achieved through a strong institutional setup whose policies and action to have strong legislative backup. The health sector in particular needs strengthening of primary health infrastructure, quick response mechanism for trauma managements and strengthening of diseases surveillance system.

The National Initiatives in this regard are setting up of a National Disaster Management Authority to be backed up by a National Disaster Management Bill; setting up of a responsive institutional mechanism at all administrative levels and capacity building for community resilience.

The health sector efforts for strengthening primary health care including community hospitals would be through a National Rural Health Mission. Self contained, container based mobile hospital is envisaged for quick response to manage trauma. An Integrated Surveillance Program would cover the entire country in three years time. These efforts would go a long way for mitigating the effects of disasters.