WHO Conference on Health Aspects of Tsunami Disaster in Asia

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Tsunami Disaster
Republic of Maldives

Photo Source: www.tsunamimaldives.mv
National Disaster Management Centre

Ministerial Committee

Chief Coordinator

Planning Unit

Health Relief Unit

Foreign Relations Unit

Aid Coordination and Management Unit

Finance

Logistics and Relief Camps

Support Services

Media

www.tsunamimaldives.mv
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.
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
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