

## Lessons from the tsunami



Dr Samlee Plianbangchang

Dr Samlee Plianbangchang, 65, earned his medical degree from the University of Medical Sciences, Bangkok, in 1965 in his native Thailand. He gained his Master of Public Health and Tropical Medicine (MPH & TM) degree in 1970 and Doctor of Public Health (DPH) degree in 1972 from Tulane University in the United States. Dr Samlee joined WHO in 1984, where he has held a number of positions at the Regional Office for South-East Asia. He has also acted as senior health adviser to the Thai government. He took up the post of Regional Director of the South-East Asia Regional office in March 2004.

A year after giant tsunami waves struck six of the 11 Member States in WHO's South-East Asia Region on 26 December 2004, WHO has boosted its ability to respond better to a disaster on this scale. Reconstruction is advancing in Sri Lanka, Thailand and India, although a polio outbreak in the Indonesian province of Aceh and the first human cases of avian flu in Indonesia have slowed progress there.

*Q: The tsunami of December 2004 was unprecedented in that a single emergency affected six countries in the South-East Asia Region. What have you learned and what could have been done better?*

A: We should have made our emergency preparedness programme more effective by increasing the adequate number of competent staff. We should have had an emergency preparedness and response plan for WHO offices in all countries in the Region. We also learned the importance of enabling people and communities to help themselves in the first hours of an emergency before outside assistance can reach them. We at WHO did very well in helping the countries affected by the tsunami in their relief operations. However, WHO could have done better if there had been adequate funds for immediate use, a set of standard operative procedures to be used by WHO country staff and better co-ordination within WHO and between WHO and other organizations. We are addressing these issues now.

*Q: Have countries rebuilt damaged health facilities?*

A: They have done a lot, but a lot more remains to be done especially in Aceh in Indonesia, and in Sri Lanka. Work has slowed down in Aceh because of the

recent polio outbreak in Indonesia and the first outbreak of human avian influenza in that country. Adequate funds have been pledged for Sri Lanka with support from many international agencies, including WHO. The plan in Sri Lanka is in the first phase of implementation (there are three phases – recovery, rehabilitation and reconstruction). Thailand has nearly completed reconstruction of affected health facilities. India has almost completed reconstruction on the mainland, but a lot remains to be done on the Andaman and Nicobar Islands.

*Q: Did WHO send staff to help with the reconstruction?*

A: We have been helping governments formulate plans for rehabilitation and reconstruction and our staff in those countries are also advising them on how to implement the plans. WHO is working with international agencies, health ministries, as well as education, defence and interior sectors in these post-tsunami operations.

*Q: Your Region has been affected more than any other by new emerging diseases. What are you doing to ward off an epidemic of avian flu among humans?*

A: We are not complacent, but have responded quickly to help countries prepare national influenza pandemic preparedness plans. These country plans are at various stages of development. Certain actions have already been undertaken to help countries implement what needs to be done in a timely manner. We are in close collaboration and have developed a joint strategy with the Western Pacific Region of WHO. We are stockpiling antiviral drugs and exploring the possibility of developing an avian influenza vaccine for humans. More health staff in countries are being trained in outbreak investigation and laboratory work. We host regional meetings so that countries can share information and experience.

*Q: What challenges do you face in building and reinforcing health systems?*

A: Well-functioning health systems are vital to the development and implementation of public health programmes, such as on disease control, water and sanitation, nutrition and mental health. We need public health services that promote health for all and services that focus on poor, underserved and vulnerable populations. A key challenge is to train adequate numbers of health workers.

*Q: What are you doing to tackle your Region's heavy double burden of infectious and noncommunicable diseases?*

A: We are focusing on primary prevention, mainly through health promotion and disease prevention. Countries in the Region fully participated in a recent conference on health promotion.

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Thailand has done a good job in this area, and currently the government is encouraging people to take regular exercise, have a healthy diet, lead a healthy lifestyle, and so on. Countries in the Region are tackling problems of drug addiction, smoking and alcohol consumption. Good mental health care is very important for prevention of noncommunicable diseases. There is a long way to go in health promotion, but some countries have got off to a good start.

*Q: In some parts of your Region HIV/AIDS is spreading fast, spurred by tuberculosis. What are you doing to tackle this dual burden of infection?*

A: At the Regional Office the two programmes have been put together in one unit under one regional advisor to integrate their activities. We try to encourage countries to do the

same, but in reality the two programmes are still separate at country level. Therefore, we organize Regional meetings and bring the country staff from both programmes together so that they can talk to each other and when they go back they can cooperate more.

*Q: Antiretroviral (ARV) drugs have become more available to people with HIV/AIDS in your Region, where has delivering treatment been successful?*

A: Only Thailand has achieved its '3 by 5' target [to get ARV treatment to 3 million people in need by the end of 2005]. Our Region is supposed to reach the target of 400 000 people receiving treatment, at present we have achieved only 90 000. It will be very difficult for the Region to achieve the target. One reason why we can't get treatment to people faster is the lack of drugs at affordable prices.

Also, to move fast we need to train a lot of health staff to deliver quality treatment properly. Without properly trained staff it could be dangerous and under these circumstances no treatment is probably safer than treatment.

*Q: Will your Region halt transmission of polio by the end of this year, and what efforts are being made to tackle persistent pockets of polio in India?*

A: In India we are optimistic that we can cut transmission by the end of the year. I am not sure we will halt transmission in the whole Region as there have been more than 250 cases in Indonesia this year, so we have to be careful. But the strain of polio just found in Indonesia was not local, and the indication of importation from elsewhere gives us some hope that we might soon halt transmission there too. ■

### Recent news from WHO

- WHO launched a global study of **domestic violence** on 24 November to draw more attention to a public health problem that is often hidden from view. The prevalence of physical and sexual violence against women by an intimate partner ranged from 15% to 71%, according to the *WHO Study on Women's Health and Domestic Violence Against Women*. The report includes data from over 24 000 women in 15 places in 10 geographically and culturally diverse countries.
- The number of people living with **HIV/AIDS** rose to an estimated 40.3 million in 2004 globally, five million more than in 2003, according to the annual UNAIDS–WHO report launched on 21 November.
- A WHO publication has won a top prize at the 2005 British Medical Association (BMA) Book Competition. The **prize-winning WHO book**, entitled *Inheriting the World: The Atlas of Children's Health and the Environment*, was "highly commended" in the Public Health Category. Other WHO books won BMA awards in 2000, 2001, 2002 and 2003.
- **Typhoid fever** is underestimated as a cause of death in developing countries, according to experts at the 6th International Conference on Typhoid Fever and other Salmonellosis 12–14 November in Guilin, China. Experts said more information was needed to produce a more reliable estimate of fatalities due to the disease.
- A massive international effort has stopped a **polio** epidemic in 10 west and central African countries. No new polio cases have been reported since June in Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Ghana, Guinea, Mali and Togo. A programme was launched in June to boost the immunity of more than 100 million children in 28 countries across Africa, WHO said on 11 November.
- More than 600 public health experts and scientists from 100 countries agreed on the urgent need for financial and other resources for countries already affected by **avian flu** and those most at risk. Participants at a conference 7 to 9 November in Geneva outlined a global action plan to control avian flu in animals and limit the threat of a future **human flu pandemic**.
- **Measles** cases and deaths have dropped by 60% and more than 200 million children have been vaccinated against measles in Africa since 1999, the Measles Initiative said on 2 November.
- Amputations due to **diabetes** cause unnecessary loss of life and disability. WHO and the International Diabetes Federation (IDF) said on 14 November, World Diabetes Day, that more than half of these lower-limb amputations could be prevented with adequate detection and care.
- Swiss pharmaceutical giant, Novartis AG signed an agreement with WHO to provide **free medicines** to people with **leprosy** over the next five years. The deal is valued at between US\$ 14.5 and US\$ 24.5 million depending on the number of cases detected.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2005/en/index.html>