REPORT

WORKSHOP ON MEKONG FLOODS 2000 AND HEALTH: LESSONS LEARNED AND FUTURE ACTION

Ha Noi, Viet Nam
19-22 November 2001

Manila, Philippines
February 2002
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WORKSHOP ON MEKONG FLOODS 2000 AND HEALTH: LESSONS LEARNED AND FUTURE ACTION

Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants in the Workshop on Mekong Floods 2000 and Health: Lessons Learned and Future Action and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Workshop on Mekong Floods 2000 and Health: Lessons Learned and Future Action, which was held in Ha Noi, Viet Nam, from 19 to 22 November 2001.
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1. INTRODUCTION

1.1 Objectives

The objectives of the workshop were to:

1. to review the impact of Mekong floods in 2000 on health and health services in countries of the Mekong Basin;
2. to review the specific health-related interventions that were undertaken by each country and identify problems encountered;
3. to recommend solutions to these problems to ensure more effective public health interventions for future floods in the Mekong Basin, and
4. to establish mechanisms to promote intra-agency, interagency and inter-country coordination and collaboration in implementing public health interventions for health emergency management in the Mekong Basin.

1.2 Participants and observers

There were 27 participants from Cambodia, Lao People's Democratic Republic and Viet Nam attending the consultation. Observers from the Asian Disaster Preparedness Centre (ADPC) in Bangkok, the United Nations Children's Fund (UNICEF) Viet Nam and the Health Division of the International Federation of Red Cross and Red Crescent Societies (IFRC) Regional Office in Bangkok also participated. Temporary advisers from Viet Nam and Cambodia assisted with the management of the workshop and a consultant assisted with preparation for and organization of the technical sessions.

A full list of participants, consultant, temporary advisers, observers, representative and the WHO secretariat is included in Annex 1.

1.3 Organization of the meeting

The workshop was chaired in turn by the Temporary Advisers. The meeting followed a participatory approach, with short presentations introducing the emergency management programmes and policies in each country, followed by group discussions, for which the group facilitators were given a set of specific issues to be discussed. At the end of the group work, a plenary was held to discuss the issues raised and to obtain consensus where it was needed.

The participants worked in groups to discuss the following technical areas:

1. needs and damage assessment;
2. disaster preparedness;
3. disaster mitigation;
4. environmental health;
5. food and nutrition;
6. information management;
7. intra-agency and inter-agency coordination;
8. communicable disease control;
9. health education; and
10. supply management.
For each topic, each country delegation presented the following information:

1. health sector policies and programmes which support the effective response to emergencies (i.e. national policy, health sector policy, technical and administrative guidelines, standard reporting formats, in service training for staff, community preparedness activities); and
2. their experience in the floods of 2000, including positive and negative points.

The group then discussed improvements that are needed in this technical area and developed recommendations for:

1. national action;
2. inter-country action;
3. international action to support the countries; and
4. the coordination of these actions.

The outcome of the group work was summarized and presented to the plenary. At the end of the consultation, the final recommendations were drafted in a plenary session.

The agenda of the workshop is included in Annex 2.

1.4 Opening and closing ceremonies

The workshop was opened by the Minster of Health of Viet Nam, Professor Do Nguyen Phuong. He gave an overview of the impact of the floods in 2000 on the health of the people in the Mekong delta and presented statistics related to Mekong floods, highlighting some of the challenges faced by the authorities in Viet Nam in responding to the needs of the affected populations. He called on countries to enhance their mutual cooperation and to take advantage of opportunities such as this workshop to share experiences and learn from each other in limiting the impact of floods on health and health systems.

Dr C. Tufion, Programme Management Officer, WHO Viet Nam gave an address on behalf of the Regional Director of the WHO Regional Office for the Western Pacific, Dr S. Omi, in which he emphasized the significance of the meeting to all the member countries of the Western Pacific Region. He stressed the importance of inter-sectoral approaches in emergency management and urged participants to develop more effective health sector response mechanisms and more effective long term planning for emergency preparedness and response.

The closing ceremony was attended by Mrs P. Brudon, WHO Representative to Viet Nam, who presented an address on behalf of the Regional Director of the WHO Regional Office for the Western Pacific. Dr Omi hoped that the ambitious programme of recommendations for strengthening emergency response in Mekong countries would serve as a blueprint for the sub-region and encouraged all to promote these issues in their own countries through national workshops. He thanked the agencies supporting the meeting for their contributions.

On behalf of the participants, Dr Sithat Insisiengmay from Lao People's Democratic Republic expressed appreciation for the meeting and thanked the secretariat and resource persons for their support during the meeting.
Full texts of the official addresses are included in Annex 3.

2. PROCEEDINGS

The meeting was held from 19 to 22 November 2001 at the Melia Hotel in Ha Noi, Viet Nam.

Following the opening ceremony, Dr Yoshihiro Takashima, Technical Officer, Emergency and Humanitarian Action (EHA), presented a regional overview of the WHO programme on Emergency and Humanitarian Action, and an overview of the regional strategy for the EHA programme for the period 2001-2003.

This was followed by a presentation by Dr Rodger Doran, Consultant on the Pan American Health Organization (PAHO) meeting held in February 1999 on "Lessons Learned from Hurricanes Georges and Mitch", a meeting which served as a model for this workshop. The presentation highlighted the conclusions reached during that meeting on various technical aspects of emergency management.

In the afternoon, representatives from each country gave a presentation on their experiences in the Mekong floods of 2000. The presentations demonstrated that although there were many similarities between the countries such as floods occurring at the same time of the year, similar national and local arrangements for emergency response and very active volunteer networks, there were also significant differences. Floods in Lao People's Democratic Republic are intense but last only a short time and cause primarily agricultural losses. In Cambodia, the Mekong traverses the whole country, so floods affect a high percentage of the population over a period of one to two months each year. In Viet Nam, Mekong floods affect only a small area of the country but that area is densely populated and the floods last many months. Each of these hazard characteristics pose differing management challenges for the authorities. The main epidemiological feature of floods in 2000 was that although there were no epidemics, there was a high mortality from drowning among children under 15 in Cambodia and Viet Nam. It was agreed that more research is needed to explain this unusual mortality pattern in floods and to develop appropriate intervention strategies that target the cause of this mortality.

On the third day, a presentation was made by Ms Ann Wood, Principal Investigator for a WHO project on poverty and disasters. The project involves undertaking case studies in poor communities in Cambodia, the Philippines and Viet Nam which have recently experienced a disaster. The project aims to identify poverty issues that can be addressed through improved emergency management policies and practices. The activities in Viet Nam are being undertaken by a nongovernmental organization, CARE Viet Nam, whose staff gave an overview of their methodology and data in case-studies from poor communities in central and south Viet Nam, where flooding is an annual event. The data will be analysed and interpreted by the end of 2001.

The second and third days started with group work in which the participants worked according to the methodology presented above. In the afternoons, the participants met in a plenary session to present their group work, discuss the issues raised and formulate specific recommendations.
On the fourth day, the participants reviewed the results of the group work and formulated the final workshop recommendations. These were presented during the closing ceremony, which was attended by representatives of the Embassy of France and the European Union and the World Bank.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Overall recommendations

✓ Floods are natural events that occur every year but every flood does not have to be a disaster. The incidence of flood disasters cannot be reduced unless action is taken on population growth, climate change, deforestation and land degradation. Countries of the Mekong Region must participate actively in global initiatives in these areas.

✓ There should be annual meetings of the heads of the national committees for disaster management from the Mekong Region and their technical staff to discuss inter-country collaboration in emergency management.

✓ National committees for disaster management should ensure that reporting formats for emergency response actions are standardized across sectors and that nongovernmental organizations delivering emergency relief follow the national standard.

✓ National committees for disaster management should always undertake an evaluation of impact and response after every disaster, as part of their mandated responsibility, and should publish the results.

✓ More national and international support is needed for in service training in emergency preparedness and response knowledge and skills in all sectors.

✓ More national and international development funds should be allocated to sectoral emergency preparedness and response programmes.

✓ Health volunteer networks need to be strengthened in order to enhance their effectiveness in emergency preparedness and response.

✓ Ministries of Health should participate more actively in national inter-agency mechanisms for emergency preparedness and response.

✓ Management, supervisory and technical skills for emergency management need to be strengthened in all departments and organizations of the Ministries of Health and these departments and organizations should coordinate better in emergency preparedness and response.

✓ Ministries of Health need support in developing capacity for preparing and maintaining digital maps with overlays of general infrastructure data, health sector resources data, epidemiological data and demographic data as this is an essential tool for improving the effectiveness of health sector emergency preparedness and response programmes.

✓ There is a need for high level committees within the Ministries of Health to review periodically health data trends (and data collection methodologies) and to amend or revise policies and guidelines for health sector emergency preparedness and response, based on trends in the data.
3.2 Specific recommendations

3.2.1 Session on damage and needs assessment

National recommendations

✓ After each emergency response, Ministries of Health should evaluate the impact of the disaster on health as well as the effectiveness of their actions in order to improve both damage and needs assessment effectiveness and the overall effectiveness of emergency preparedness and response.

✓ All government ministries need to make more funds available for assessment operations.

Inter country recommendations

✓ Mechanisms are needed to facilitate the timely sharing of damage and needs assessment information between Mekong countries.

✓ National policies and guidelines for damage and needs assessment should be reviewed to address issues of meeting inter country needs, such as faster information sharing.

✓ Technical support from Regional bodies (Asian Disaster Preparedness Centre (ADPC), Asian Disaster Reduction Centre (ADRC), Association of South-East Asian Nations Regional Forum, United Nations Economic and Social Commission for Asia and the Pacific ESCAP) is needed for improving national damage and needs assessment policies, guidelines and reporting formats in all Mekong countries.

International recommendations

✓ Development projects in flood prone areas which use Overseas Development Assistance funds should be hazard aware and should include a technical support component for contributing to national damage and needs assessments in the project area when a disaster occurs.

✓ Technical support is needed from agencies such as ADPC, IFRC, UNICEF, the WHO Regional Office for the Western Pacific, United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and United Nations Disaster Assessment and Coordination (UNDAC) for training health sector staff in damage and needs assessment knowledge and skills.

✓ An intersectoral and interagency approach to damage and needs assessment must be encouraged by donor agencies and international nongovernmental organizations when contributing to disaster relief appeals.

3.2.2 Session on disaster preparedness

National recommendations

✓ National budgets should allocate more development funds to sectoral and community emergency preparedness programmes.

✓ Emergency preparedness should have higher priority in the health policy in each country.
Ministries of Health should promote and operate community-based emergency preparedness programmes.

Ministries of Health should establish a full time cadre of professional trainers to train and supervise health staff and health volunteers in emergency preparedness and response.

More effort is needed in supporting public education and public information on hazards and community preparedness.

Reporting systems need to be improved to document qualitatively the progress and impact of emergency preparedness programmes.

Specific and comprehensive policies are needed for delivering health and other services to people living in temporary shelters after a disaster (the SPHERE guidelines could be a reference in national policy development).

Inter country recommendations

Formal mechanisms, such as an annual meeting of the national committees for disaster management from the Mekong Region, are needed to allow countries to share experiences and problems. This mechanism should include opportunities for technical staff to meet.

International recommendations

More support is needed for training health sector staff at all levels in emergency preparedness and response knowledge and skills.

Support is needed for improving the capacity of Ministries of Health to document and analyse the impact of disasters on health status and health services.

Support is needed to establish a Mekong Region website for sharing information on health sector emergency preparedness and response programmes.

3.2.3 Session on disaster mitigation

National recommendations

Clearer guidelines are needed on how to undertake and evaluate mitigation activities in the health sector.

Reporting systems for documenting mitigation activities need to be standardized across sectors.

In service training on mitigation knowledge, skills and methodologies is needed.

Post disaster evaluations should make specific recommendations for improving mitigation policies, guidelines and activities.

Inter country recommendations

Formal mechanisms, such as an annual meeting of the national committees for disaster management from the Mekong Region, are needed to allow countries to share experiences and problems. This mechanism should include opportunities for technical staff to meet.

Countries should coordinate mitigation research activities and should promote the publication of experiences in mitigation.
International recommendations

✓ Mitigation should be given higher priority in the development agenda of regional bodies such as Mekong River Commission (MRC), Asian Development Bank, ASEAN and ESCAP;
✓ Support for in service training in mitigation knowledge, skills and methodologies is needed.
✓ Support for developing locally appropriate and community specific mitigation techniques and strategies is needed.
✓ Mechanisms for the promotion of positive experiences in mitigation in the Mekong Region are needed.
✓ There is a need to provide more opportunities for technical staff to meet and learn from each other (regional workshops, meetings, conferences, etc).

3.2.4 Session on environmental health

National recommendations

✓ Funds for urgent environmental health actions need to be released more quickly in a disaster.
✓ Health volunteer networks need to be strengthened in environmental health knowledge and skills.
✓ Reporting formats for environmental health actions need to be standardized across sectors and nongovernmental organizations should comply with national formats.
✓ Technical guidelines in environmental health need to be more practical and less theoretical.

Inter country recommendations

✓ Deforestation and land degradation have particular implications for environmental health; all national governments need to take this into account when setting long term development goals and polices.
✓ The MRC needs to improve its efforts to assist governments in mitigating and managing floods, such as providing timely information on planned discharges and providing timely data on fluctuations in baseline water quality or pollution events.
✓ Informal and formal mechanisms for mutual assistance need to be strengthened for sourcing and delivering relief supplies between border provinces in neighbouring countries, and in sourcing relief supplies from within the Mekong Region countries.
✓ Technical staff from Ministries of Health of all Mekong countries should meet annually to discuss environmental health issues related to flood management.
✓ Border provinces should increase technical cooperation with each other, especially in the prevention and management of water borne diseases and in epidemic early warning systems.
International recommendations

✓ Support is needed for training activities in management and supervisory skills in environmental health.
✓ Support is needed for development of information, education and communication (IEC) material for water and sanitation issues and the evaluation of the effectiveness of those IEC materials.
✓ Support is needed for the development of guidelines for the rapid and effective delivery of environmental health supplies and materials.
✓ Comprehensive computerized maps are needed for recording environmental health baseline data, emergency response resources and potential problems, e.g. water quality data, course of canals and tributary rivers, sites of wells and latrines, urban water supply systems, location of warehouses, manufacturers of chemicals and sources of potential pollution.
✓ Support is needed for improvement in the management of medical, liquid and solid waste and for the disposal of the dead during prolonged floods.

3.2.5 Session on food and nutrition

National recommendations

✓ There is a need for developing national policies and standards for providing nutritionally adequate food relief in disasters, which take into account the age and health status of beneficiaries of food relief programmes (infants, elderly, pregnant and lactating mothers, disabled, chronically ill and residents of institutions).
✓ Ministries of Health should have clear policies on appropriate food aid for infants and young children in disasters and on the appropriate use of milk powder and milk substitutes in disasters; also, they should ensure that food aid practices do not discourage breast feeding.
✓ There is a need for developing national standards for food safety in disaster management, covering all phases from international procurement to home preparation and storage. Standards to protect food safety during disasters, with guidelines, for farmers, factories, street vendors, food handlers and all food outlets are also needed.
✓ Public information material on appropriate food safety practices in the home during a disaster should be improved.
✓ Health staff need training in technical, managerial and supervisory skills in nutrition and food safety in disaster management.
✓ Sectors need to collaborate better in food distribution management and reporting in disasters.
✓ Epidemiological data collected by emergency preparedness and response programmes should include nutritional information to allow better targeting of food relief.
✓ In prolonged flooding, food relief should include targeted micronutrient supplementation to high risk groups.
✓ Studies are needed to determine if there is a relationship between nutritional status and morbidity in a disaster.
Inter country recommendations

✓ A formal mechanism for rapid sharing of information between neighbouring countries on outbreaks of food and water borne diseases is needed.
✓ Collaboration between neighbouring countries on interventions to control outbreaks of food and water borne diseases is needed.
✓ Donations of food between Mekong countries in a disaster should be encouraged.
✓ There is a need to develop common policies and common standards for the surveillance of food quality and nutritional status in disasters.

International recommendations

✓ International agencies should provide food and nutritional relief only through national and local government agencies, and should only provide locally appropriate foods as determined by the national government.
✓ International agencies should respect national policies for the feeding of infants and young children in disasters and should not provide infant foods (milk, milk powders, milk substitutes, feeding bottles) unless specifically requested by the Ministry of Health.
✓ More response funds should be allocated to identifying and managing nutritional issues in a disaster.
✓ Technical support is needed for developing country-specific guidelines on nutrition in disasters.
✓ More research on the nutritional aspects of disasters and the management of nutritional problems in a disaster is needed, especially on the impact of micronutrient deficient relief foods.

3.2.6 Session on information management

National recommendations

✓ Systems for the coordination of information between national, provincial and district levels need to be strengthened.
✓ Better use of the internet should be made in providing and sourcing information.
✓ Appropriate equipment (such as mobile phones, boats and video cameras) is needed to improve communications and documentation capacity at local level.
✓ Health data needs to be included in existing national flood mapping systems;
✓ Health sector reporting formats for all aspects of disaster response need improvement.
✓ Epidemiological data collection and analysis (age, sex, location and cause of death of victims) needs improvement.
✓ Ministries of Health should avoid creating burdens on field staff with excessive administrative and reporting workload during disasters.

Inter country recommendations

✓ Periodic meetings between the national committees for disaster management and their subcommittees are needed to evaluate emergency preparedness and response activities, review policies and guidelines and inform each other of experiences and problems.
Email networks for interested health staff should be set up.

International recommendations

- There is a need to set up a sub-regional (Mekong) specific website for health and disasters, hosted by WHO.
- The WHO Regional Information System For Emergency Management (RISEM) should be adopted in each country.
- Support is needed for an inter-country workshop on “Information Management In Emergency Preparedness and Response”.
- There is a need to develop and share technical references on health information management in emergency preparedness and response.

3.2.7 Session on intra- and inter-agency coordination

National recommendations

- There is a need to improve the setting of clear goals/objectives for emergency response in each agency and to improve the allocation of responsibilities within and between agencies.
- The health sector should make better use of the mass media to inform the public on their role in coordination in emergency preparedness and response.

Inter-country recommendations

- There is a need for annual consultation meetings for the heads of national committees for disaster management, especially to coordinate issues related to the role of international donors in regional disaster management and the appropriateness of donated emergency relief supplies.
- There is a need for mechanisms for timely information exchange between countries in emergency preparedness and response.
- Regional bodies should make better use of the mass media to promote and inform on existing coordination mechanism in emergency preparedness and response.

International recommendations

- More support is needed for training health sector staff in coordination skills.
- Donors should coordinate better to avoid gaps and overlaps.
- Coordination mechanisms are needed to ensure that donors do not provide unwanted or unrequested relief supplies to countries and to allow sharing of donated relief between Mekong countries.

3.2.8 Session on control of communicable disease

National recommendations

- There is a need for the regular review of health sector emergency preparedness and response policies, based on data from previous disasters.
- Health sector technical guidelines should take into account the difference between local areas within countries.
In service training programmes for health staff in the control of communicable diseases should include a programme of regular refresher courses for all staff levels.

Emergency preparedness information for the public produced by the MOH should be developed from current epidemiological trends and its appropriateness, effectiveness and relevance should be reviewed periodically.

There is a need for a clarification of policies on reporting and surveillance in disasters, such as specifying the conditions under which surveillance is required in addition to routine reporting.

There is a need for a process of periodic review of case definitions used in disease surveillance in disasters (symptom clusters versus diagnosis, suspected versus confirmed cases).

There is a need to review periodically the administrative and reporting workload at grassroots level in disasters. In disasters, grassroots health staff frequently is unable to cope with intensified reporting requirements. Ministries of Health need to consider alternative strategies to ensure that quality reporting continues during a disaster, such as providing additional human resources to undertake specific reporting tasks in selected locations.

The impact of health messages on the incidence of communicable diseases after disasters should be evaluated regularly.

There is a need to determine direct and indirect causes death in disasters, and to distinguish disaster related deaths from non-disaster related deaths in reporting during prolonged events.

Consolidated reporting of health data in a disaster should define excess morbidity and mortality, and should avoid drawing conclusions based on raw data alone.

There is a need to improve the awareness of senior health sector managers of the role of laboratories in surveillance. Health sector relief activities create heavy workload and reporting burdens on laboratories and blood banks, in addition to the existing constraints of limited capacity and lack of reagents and other resources.

There is a need to develop policies and guidelines defining the role and responsibilities of nongovernmental organizations/international agencies in communicable diseases surveillance and control.

Inter country recommendations

There is a need for regular meetings between directors of communicable diseases control programmes in the Mekong Region to:

- develop common strategies for communicable disease surveillance and control in disasters (as is being done for malaria control and polio eradication);
- harmonize case definitions and treatment protocols;
- share information from vector control programmes; and
- share experiences in communicable diseases control.
There is a need to improve the effectiveness of existing political forums – ADB, ASEAN, ASEAN Regional Forum, ESCAP, MRC, WPRO – in addressing communicable diseases control issues in disasters, especially in relation to the consequences of flood mitigation activities on vector control and disease surveillance.

There is a need to strengthen the existing “twin” programmes between neighbouring cross-border provinces in sharing of communicable diseases control information and experiences.

International recommendations

There is a need for financial and political support for the national and inter-country initiatives detailed above.

Regional bodies should lobby with manufacturers to reduce the price of certain medicines, reagents, pesticides and chemicals when ordered during declared disasters.

WHO should develop detailed guidelines for undertaking disease surveillance under different disaster scenarios.

Support is needed for technology transfer in areas relevant to communicable disease control in disasters.

Support is needed for local research on communicable disease control in disasters such as providing scholarships and grants to academic institutions to offer PhD. and MSc. degrees in areas relevant to the control of communicable diseases.

There is a need to evaluate the impact of existing public information messages on influencing human behaviour in relation to the transmission and spread of communicable diseases in disasters.

3.2.9 Session on health education

National recommendations

Health education programmes should submit routine reports on their activities in emergency preparedness and response.

The effectiveness and impact of disaster-related health education activities need to be evaluated as a routine function of the Ministry of Health.

Regular refresher training is needed for field staff and supervisors in health education programmes.

Health education for emergency preparedness and response must be included in the curricula of all primary and secondary schools, medical, nursing and health sciences colleges and institutions training health volunteers. Where they exist already, there should be a national process of periodic review based on evaluations of their relevance, appropriateness and effectiveness.

The existing health education capacity of the volunteer networks needs to be evaluated and strengthened.
Inter country recommendations

✓ Mechanisms are needed for sharing national experiences in health education for emergency preparedness and response with other countries of the Mekong Region.

International recommendations

✓ Support is needed for developing appropriate IEC material and improving educational skills of staff.
✓ Technical support is needed in undertaking knowledge, attitudes, practices (KAP) studies on hazards and evaluating the effectiveness of disaster related health messages.

3.2.10 Session on supply management

National recommendations

✓ Governments need support in developing national standards for relief supplies for disasters (the Inter-Agency Procurement Services Office (IAPSO) guidelines are a good model).
✓ Governments should provide international agencies, donors and nongovernmental organizations with advance information on generic needs for different kinds of disasters as well as the national policy and standards for emergency relief supplies in emergencies.
✓ International donation of unwanted, inappropriate and poor quality relief items remains a problem. Regional political bodies should address this issue and issue guidelines to both donors (prevention) and recipients (disposal).
✓ There is a need to encourage the private sector to sell/supply materials relevant to disaster, e.g. chlorine-based water purification tablets.

Inter country and international recommendations

✓ Donated medical supplies should meet government standards:
  ❖ expiry date of at least one year;
  ❖ appropriate and safe packaging;
  ❖ labelling and instructions for use in a language specified by the recipient country;
  ❖ no items whose efficacy or toxicity has not been established; and
  ❖ no second hand, defective or obsolete equipment.

✓ Donors should be made aware that donations of (wanted and unwanted) supplies have logistics costs (transport and storage).
✓ Support is needed to help countries develop standards for relief supplies in disasters.
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5. REPRESENTATIVE

6. SECRETARIAT
PROVISIONAL AGENDA

1. Opening ceremony
2. Background and concept of the workshop
3. Review of the meeting evaluation of preparedness and response to Hurricanes Georges and Mitch
4. Report on the study on poverty and disasters
5. Country presentations on the impact of the Mekong floods in 2000 on people's health and health services
6. Group work
7. Conclusions and recommendations on public health interventions for future flood disasters
8. Promotion of inter-agency and inter-country coordination
9. Closing ceremony
Speech at the opening of the Workshop on Mekong Floods 2000 and Health: Lessons Learned and Future Action
Ha Noi, 19-22 November 2001
by Dr Cristobal Tuñon
Acting WHO Representative in the Socialist Republic of Viet Nam
on behalf of Dr Shigeru Omi, Regional Director, WPRO

PROFESSOR DO NGUYEN PHUONG, MINISTER, MINISTRY OF HEALTH
DR TRAN CHI LIEM, VICE MINISTER, MINISTRY OF HEALTH
DISTINGUISHED COLLEAGUES,
LADIES AND GENTLEMEN,

On behalf of Dr Shigeru Omi, Regional Director for the WHO Western Pacific Region, it gives me great pleasure to welcome you to this workshop and to convey to all of you Dr Omi's best wishes for four productive days.

Last year, early, prolonged and heavy monsoons in the Indochina Peninsular from July to December caused extensive flooding in most of the Mekong River Basin. It was described as the worst flooding in 60 years for Viet Nam, 40 years for Cambodia and 35 years for Lao People's Democratic Republic. This Mekong flood killed over 350 people, affected approximately 3.5 million people and damaged 132 health centres and some referral hospitals in Cambodia. In Viet Nam, the floods resulted in over 420 deaths, 5 million people affected and severe damage to 15 district health centres and 280 commune health clinics. In Lao People's Democratic Republic, the floods affected more than 1000 villages and approximately 400 000 people. This year, the countries in the Indochina Peninsular have again been hit by the Mekong floods. A recent tropical storm killed more than 200 people in the Philippines in one night before moving on to Viet Nam.

Natural hazards have recurrently hit this sub-region. We can clearly see that these incidents affect people’s health and also seriously damage existing health infrastructure, which in turn impedes delivery of health services, giving rise to additional health problems.

Health emergencies due to common natural hazards such as floods and typhoons in the Indochina Peninsular should be considered one of the most important issues affecting the health sector. Yet we need consolidated and concerted efforts which go beyond just the health sector. We need to collaborate with other sectors within the country and between countries, so we can effectively and efficiently mobilize resources to mitigate the impact of natural hazards on people’s health and health services in this sub-region.

This inter-country workshop will provide a forum for the Ministries of Health from Cambodia, Lao People's Democratic Republic and Viet Nam and other health partners to review public health interventions taken in response to the Mekong floods in 2000. Based on this review, we can then identify relevant issues and be better prepared to respond to future flood disasters. Preparations for the future should include provision for more effective health interventions. I am convinced that this workshop will mark an important milestone for better-coordination and consolidation of health emergency management in the peninsular.

I hope this collaborative effort in the next four days will represent a substantial and significant step forward to strengthening both national and sub-regional health emergency management.

Before I close, I would like to express my gratitude and sincere appreciation to the Ministry of Health of Viet Nam for having worked so hard to prepare for this important
workshop. You have demonstrated your country's commitment to addressing one of the region's key public health issues.

Finally, I would like to thank the representatives from the Asian Disaster Preparedness Centre, the International Federation of Red Cross and Red Crescent Societies, the Red Cross of Viet Nam and the United Nations Children's Fund for joining.

Let's get the job done together.

Thank you very much.
DEAR COLLEAGUES,

LADIES AND GENTLEMEN,

For the last four days, you have been working hard reviewing the impact on the Mekong floods in 2000 on health and health services. You have also discussed the importance of the essential components of health emergency management in your respective countries. The participants from the different areas of ministries of health shared specific health interventions undertaken by each country and identified problems that they have encountered.

We appreciate all the hard work you have put in during group discussions and wrap-up sessions.

This intercountry workshop has highlighted the urgency of identifying relevant issues and being better prepared to respond to future flood disasters. I cannot overemphasize the need to collaborate with other sectors within the country and between countries.

I am convinced that this workshop will provide a blueprint of subregional solidarity in terms of emergency management. I hope that similar workshops on lessons learned will be conducted in your countries, in collaboration with WHO and other partner agencies.

Finally, let me congratulate you for a job well done. I would like to express our thanks, again, to the Ministry of Health, Viet Nam, for all their support in conducting this workshop.

I trust that your short stay in Ha Noi has been a pleasant one. Thank you all and I wish you a safe journey home.