

Financial Times, 31 December, 2004

Humanitarian aid after the tsunami disaster must focus on chlorinated water for and sanitation

From Professor Debarati Guha-Sapir

Sir, Instant reactions after earthquakes typically predict epidemics, but in fact tidal waves tend to dilute the bacterial load of diseases such as cholera, and wash away mosquito breeding sites for weeks or even months. This gives a useful window of opportunity to target assistance properly.

Right now, the main health hazards threatening poor communities are those related to exposure. Acute respiratory disease and life-threatening drops in nutritional status in already malnourished children may take many more lives. The longer people live in unsanitary conditions, the higher the risk of disease transmission. Lack of sanitation and hygiene among

survivors in overcrowded temporary shelters are a major source of diarrhoea and gastro-enteritis. But fears about drinking water contaminated by decaying cadavers are overstated. It can produce effects like food poisoning after eating rotting meat, but a survivor defecating close to the water is more of a hazard for the others than a dead body. Viruses, parasites and bacteria all prefer live hosts.

So humanitarian aid must focus on standard public health measures such as sanitation, surveillance in shelters, and chlorinated water for all.

Remember demographics: the region affected has a young population, and resumption of care for its

hundreds of thousands of pregnant women, for example, must rank high on the list of priorities.

And lets think now about the many households which have lost men at sea and are headed by women who will struggle without targeted help.

If we don't, the effects of this disaster will be life-threatening long after the spotlight moves elsewhere.

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