

Communicable Disease Control in Complex Emergencies

Magnitude of the problem

Communicable diseases are the major killers in complex emergencies. Death rates among refugees and displaced persons over 60 times the baseline rates have been recorded, with over three quarters of these deaths being due to communicable diseases. In the initial phase of a complex emergency the diseases with the greatest burden are measles, diarrhoeal diseases, acute respiratory infections, and malaria where prevalent. TB and HIV/AIDS are also important health problems.





COMPLEX EMERGENCIES have been defined as situations of war or civil strife affecting large civilian populations with displacement resulting in increased mortality and morbidity. Following an emergency, the affected population is often displaced and resettled in temporary locations. Resettlement may entail high population densities, inadequate shelter, poor water and sanitation.

This poses an increased threat of communicable diseases to the population and a high risk of epidemics (such cholera, bacillary dysentery, meningitis), which is compounded by:

- Breakdown or overwhelming of existing health services,
- Unstable governments or no governance at all,
- Ongoing conflict with limited access to the affected populations,
- Lack of drugs and supplies due to logistic difficulties,
- Multiple agencies providing health care with lack of proper co-ordination.

WHO's capacity

- WHO, contrary to many emergency partners, has a continued country presence over time, enjoying the trust of the Ministry of Health based on long history of presence in the country.
- WHO stays on after an emergency and does not move onto the next emergency once the media attention shifts and is therefore uniquely positioned to link relief to sustainable development.
- WHO has country offices, many of them with communicable disease staff, in almost every country in the world with the exception of parts of Europe and North America, but certainly in most countries in crisis.



WHO responses

- In the Iraq experience for example, the communicable disease training in November 2002 took place just ahead of recent events, resulting in well-trained peripheral MoH staff covering a large part of the country.
- WHO identifies rumours of disease outbreaks, including in countries in crisis, verifies events, and works with members States and local authorities to mount co-ordinated outbreak response operations to major disease outbreaks, including viral haemorrhagic fevers in Republic of Congo and Uganda, meningitis, and diarrhoeal diseases such as cholera.
- WHO can and has implemented large-scale health programmes in complex emergency countries, most notably the Polio Eradication Initiative, through 3 key roles:
 - MANAGEMENT/COORDINATION
 - SURVEILLANCE
 - DELIVERY OF TARGETED INTERVENTIONS

WHO's response

A Programme has been set up in the WHO Communicable Diseases Cluster to provide technical support to department of Emergency and Humanitarian Action, WHO country and regional offices, national authorities, other UN agencies and non governmental organizations on the control of communicable diseases in emergencies. The goal of the **WHO Communicable Diseases in Complex Emergencies Programme** is to reduce the high excess mortality and morbidity due to communicable diseases in populations affected by complex emergencies.

The activities of the Programme are implemented by **The Communicable Disease Working Group On Emergencies (CD-WGE)**, consisting of Communicable Disease control experts throughout WHO/HQ which brings together expertise from many disease areas and coordinates the provision of technical support. Activities of the CD-WGE have included several issues listed next page.



and...

1 DEVELOPMENT OF STANDARDS, GUIDELINES, NEW TOOLS TO ADDRESS COMMUNICABLE DISEASE CONTROL IN EMERGENCY COUNTRIES

- CD Control in Emergencies – An Interagency Field Manual
- Afghanistan Communicable Disease Toolkit including CD profile, surveillance standards, case management guidelines, vaccination requirements, transport of specimens guidelines
- Iraq Communicable Disease Toolkit
- Angola, Sudan, Communicable Disease profiles (CD toolkits for Liberia, Sierra Leone, DRC ongoing)
- Interagency Handbook on Malaria Control in Complex Emergencies
- Detailed health mapping completed for Afghanistan and Iraq with the Surveillance and Response (CSR)/HealthMap team
- Surveillance software package for emergencies developed with CSR/Lyon and CSR/HealthMap team
- GFATM and complex emergencies: Country Coordination Mechanism (CCM) establishment and composition improvement, proposal development for DRC, Sierra Leone, South Sudan and Angola

2 TECHNICAL AND OPERATIONAL SUPPORT ON COMMUNICABLE DISEASE CONTROL TO PRIORITY COUNTRIES

- Communicable Disease field missions:
 - *Palestinian Territories*: Health survey May–June 2002
 - *Ingushetia*: Surveillance assessment June 2002
 - *Afghanistan*: CD assessment February and July 2002
 - *Iraq*: Surveillance/outbreak control April–July 2003
 - *Sierra Leone*: joint UNHCR/WHO mission on CD control and Lassa fever June–July 2003
 - *Liberia*: CD assessment and cholera control for EHA August 2003
 - *Sierra Leone*: Malaria strategic plan development – August 2003

...challenges

- Communicable Disease Field Officers:
 - RBM field staff in DRC, South Sudan and Afghanistan, in collaboration with EMRO and AFRO, with terms of reference broader than for malaria alone.
 - *Iraq*: four CD field officers in collaboration with WHO Regional Office for the Eastern Mediterranean (EMRO)
 - *Kuwait*: one CD field officer in collaboration with Centers for Disease Control (CDC), Atlanta
 - *Southern Sudan*: two CD field officers in collaboration with polio
- Apart from field presence, HQ provides a backstopping function, responding to field questions on day-to-day basis.
- Through the Global Outbreak Alert and Response Network, WHO ensures access to laboratory support, clinical expertise, epidemiologists and logistics capacity for major outbreaks in crisis countries.
- Ad hoc Task Forces are set up to address specific situations e.g. the Communicable Disease Task Force for Iraq set up in January 2003 as part of CD-WGE

3

TRAINING ON COMMUNICABLE DISEASE SURVEILLANCE AND CONTROL IN COMPLEX EMERGENCIES

- Training manual on *CD Surveillance and Control in Complex Emergencies*.
- Training workshops on CD surveillance and control for WHO and MOH staff implemented in Cairo, Baghdad and Tehran with CSR Lyon and Epicentre:
 - *Egypt*: WHO and MOH staff from Afghanistan, Pakistan, Sudan, Somalia, Iran and Yemen trained in Cairo in April 2002
 - *Iraq*: WHO, UNICEF and MOH staff from 10 governorates trained in Baghdad in November 2002
 - *Iran*: WHO and MOH country staff trained in Tehran in April 2003



Challenges

WHO and its partners are faced with multiple challenges in the fight against communicable diseases in complex emergencies including:

- implementing communicable disease surveillance systems with early warning mechanism;
- establishing outbreak response capacity from the early stages of a complex emergency and ensuring co-ordinated international response through GOARN when necessary.
- ensuring population have access to health care services;
- ensuring availability of communicable disease experts to co-ordinate field response;
- ensuring sustainability of communicable disease control activities by involving local health staff in the development and implementation of these activities;
- improving co-ordination between local and national health authorities, UN agencies and NGOs.

For more information about the Communicable Diseases in Complex Emergencies Programme and the Communicable Disease Working Group On Emergencies, contact the Programme Leader, Dr Maire Connolly at connollyma@who.int or +41 22 791 4142 or the Information Resource Centre: cds@who.int