COMMUNICABLE DISEASE CONTROL IN COMPLEX EMERGENCIES

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COMPLEX EMERGENCIES

“... are situations affecting large civilian populations, usually involving a combination of war and civil strife, food shortage and population displacement, resulting significant excess mortality and morbidity”
COMPLEX EMERGENCIES

- Communicable diseases major killers.
- Death rates among refugees and displaced persons high
- Over three quarters of these deaths due to CDs.
- Diseases with the greatest burden are
  - diarrhoeal diseases
  - acute respiratory infections
  - measles
  - malaria where prevalent.
- TB and HIV/AIDS are also important health problems.
Threat posed by communicable diseases in complex emergencies

- **Endemic diseases** e.g. malaria, ARI, diarrhoeal diseases and TB cause high morbidity and mortality
- **Epidemics are common** e.g. cholera, bacillary dysentery, measles
- **Eradication and elimination efforts are threatened** e.g. polio, Guinea Worm
- **Drug resistance can emerge rapidly** e.g. epidemic dysentery, MDR-TB
- **Zones of disease emergence can become established** e.g. human monkeypox
Factors increasing this burden

- Unstable government or no government - lack of MOH structure
- Poor infrastructure and poverty – GNP in most complex emergency countries <$400
- Collapse of health services and CD control programmes
- Ongoing conflict reducing access of population to health services
- Lack of trained health staff and basic health care services
- Supply/logistic difficulties
- Multiple agencies eg NGOs providing health care, often poorly co-ordinated
WHO STRATEGY FOR COMMUNICABLE DISEASE CONTROL IN COMPLEX EMERGENCIES

- Setting standards
  Development of guidelines and new & simplified tools

- Technical and operational support at field level to MOH, UN agencies, NGO partners

- Capacity Building Training
WHO STRATEGY FOR COMMUNICABLE DISEASE CONTROL IN COMPLEX EMERGENCIES

Co-ordinated by: Programme On Communicable Diseases In Complex Emergencies

Implemented through:

1. Guidelines Standards/Tools
2. National CD control strategies
3. Health Surveys
4. CD field officers field teams
5. Capacity Building Training
6. External partnerships/networks

Communicable Diseases Working Group on Emergencies (CD-WGE)

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- Development of guidelines, standards, tools

- **Communicable Diseases Epidemiological Toolkits for priority countries** eg Angola, Afghanistan, DRC, Iraq, Liberia, Sudan, Sierra Leone, Burundi, Somalia.

- **Guidelines for child health** in emergencies in collaboration with child health department, Johns Hopkins, UNICEF, UNHCR, NGOs.

- **Surveillance package** for emergencies developed with CSR/Lyon for implementation in priority countries

- **HealthMapper** for emergencies with CSR Health Map team

- **Rapid assessment tools** for CDs in complex emergencies
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- Technical and operational support to MOH, UN agencies, NGOs in priority complex emergency countries
  - Developing and supporting implementation of national CD control strategies
  - Health surveys where no data available
  - Recruitment of CD officers to implement CD control activities
  - Package of CD interventions for priority countries including field teams
  - Working with CSR/GAR on detection and response to outbreaks by establishing EWARNS and epidemic preparedness at field level
PROGRAMME ON COMMUNICABLE DISEASES IN COMPLEX EMERGENCIES

- **Training**
  - Training courses on communicable disease control in Complex Emergencies with CSR/EPS (Lyon) and Epicentre for public health co-ordinators in WHO, MOHs, other UN agencies, NGOs.

- **Strengthening Partnerships**
  - Joint missions with partners
  - Building on partnerships such as Global Outbreak Alert and Response Network (GOARN), the RBM Complex Emergencies Network and Stop TB partnership
Key Communicable Disease Interventions in 2003

IRAQ

- **Preparation**
  - CD Epidemiological Profile for Iraq
  - RHA and surveillance forms, EWARS for outbreaks
  - Training for MoH staff on CD control (Nov 2002)
  - Pre-positioning of supplies
  - Cholera fact-sheet

- **Rapid Health Assessments**

- **Health Surveillance and EWARS implemented**

- **Cholera Outbreak Response**
  - Co-ordination
  - Workshop on case management
  - Health education messages
  - Data collection, analysis and feedback
Key Communicable Disease Interventions in 2003
LIBERIA

- Rapid Health Assessments to set priorities
- Disease Surveillance System implemented
- Cholera Epidemic Control Measures undertaken
- Epidemic Preparedness for other diseases
- Co-ordination of over 50 NGOs
  - Cholera Outbreak Response
  - Measles Vaccination Campaigns
  - Well chlorination
  - Health Sector Matrix to identify gaps
- Ongoing support to WHO, other UN agencies and NGOs since August through field missions
  - surveillance and outbreak preparedness, cholera control, malaria control, water/sanitation
NGOs - major providers of health services - eg 70% services in Afghanistan

WHO - key role in supporting MOH, UN agencies and NGOs by co-ordinating CD activities, providing technical support

Delivery of key CD interventions can be used to rebuild health system eg ORS, antibiotics, antimalarials, bednets

Ongoing training by CDS of NGOs to ensure capacity to control CDs

Long term strategy needed - WHO role in ensuring sustainability of health investments after international response ends
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