THE PLAN OF ACTION – CRITICAL STEPS

ASSESSMENT

Assessment of the situation is the basis for any plan of action. Its objectives are to:

■ understand the nature of the emergency, the contagious disease threat to the population, and the size of the population at risk;
■ define the nature and scope of the intervention needed.

Assessment is also critical for the preparation of an adequate response. The following information is needed and may be obtained from local authorities, relief organisations, and United Nations agencies:

■ description of the disaster (local conflict, war, natural disaster) and its probable evolution;
■ geographical description of the affected area (climate, terrain, access, water sources available or not, etc.);
■ accessibility of the area (local public transport, road quality, especially in the rainy season, local harbour or airport, security problems);
■ population size (permanent population, displaced/refugee population, distribution of age and sex, estimated number and expected data of internal and external populations);
■ geographical description of the affected area (climate, terrain, access, water sources available or not, etc.);
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PREPAREDNESS

The preparedness phase is the period of development and implementation of preventive action and of definition of rules for responding to an outbreak. Preparedness activities will be based on the results of the assessment.

RESPONSE

The response to an outbreak is the implementation of all planned activities. If the outbreak of disease happens very rapidly, there may be no time for a preparedness phase. However:

■ the at-risk population must be regularly reassessed.
■ the response must be started quickly; it may need to be adapted as the situation evolves and once data collection and analysis is complete.

THE PURPOSE

This leaflet is designed to help:

■ Identify key issues relevant to diarrhoeal disease control in complex emergencies;
■ Prepare and guide the response to an outbreak.

THE PROBLEM

A complex emergency is a situation affecting large civilian populations facing war or civil strife, food shortages, and population displacement resulting in acute mortality and morbidity. In such areas, all disasters, natural and man-made, that adversely affect water supply and sanitation can result in outbreaks of acute diarrhoeal disease. The disease is usually transmitted by faecally contaminated water or food. Outbreaks may be of two kinds:

■ acute watery diarrhoea;
■ acute bloody diarrhoea.

KEY MESSAGES

GENERAL

■ Follow the development of the situation closely so that the plan of action can be adapted regularly.
■ Use data to guide prevention, preparedness, and response.
■ Early warning and preparedness for outbreaks results in better and faster containment of cholera and typhoid and to an earlier response to complex emergencies, good coordination among the various operational partners is paramount.
■ A good communications network is a valuable tool for surveillance.

CASE MANAGEMENT

■ Proper case management saves lives.
■ Oral rehydration therapy must be available at all levels.
■ Early rehydration using ORS is critical.

PREVENTION

■ Reinforce the use of safe drinking-water during outbreaks.
■ Maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the first objective.
■ A proper sanitation environment prevents the spread of diarrheal diseases.
■ Personal hygiene behaviour will change only with strong community involvement.
■ Palm oil, soap, and clean water.
■ Distribution and hygiene measures are essential during outbreaks.

Acute diarrhoeal diseases in complex emergencies: CRITICAL STEPS

Prevention

■ Stop the source of transmission as soon as possible.
■ Reinforce the use of safe drinking-water.
■ Maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the first objective.
■ A proper sanitation environment prevents the spread of diarrheal diseases.
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■ Palm oil, soap, and clean water.
■ Distribution and hygiene measures are essential during outbreaks.

Response

■ Develop and integrate a clear business plan into the overall emergency response plan.
■ Identify key issues relevant to diarrhoeal disease control in complex emergencies.
■ Prepare and guide the response to an outbreak.

PREVENTION

■ Stop the source of transmission as soon as possible.
■ Reinforce the use of safe drinking-water.
■ Maintain health and reduce the risk of diarrheal disease outbreaks in refugee camps, water supply will be the first objective.
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Case Management

■ Oral rehydration therapy must be available at all levels.
■ Early rehydration using ORS is critical.

More information contact:

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WHO GLOBAL TASK FORCE ON CHELERA CONTROL

Acute diarrhoeal diseases in complex emergencies: CRITICAL STEPS

Decision-making for preparedness and response

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WHO GLOBAL TASK FORCE ON CHOLERA CONTROL

Prevention

■ Stop the source of transmission as soon as possible.
■ Reinforce the use of safe drinking-water.
■ Maintain health and reduce the risk of diarrhoeal disease outbreaks in refugee camps, water supply will be the first objective.
■ A proper sanitation environment prevents the spread of diarrheal diseases.
■ Personal hygiene behaviour will change only with strong community involvement.
■ Palm oil, soap, and clean water.
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Case Management

■ Oral rehydration therapy must be available at all levels.
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WHO GLOBAL TASK FORCE ON CHOLERA CONTROL
1. Critical steps relating to diarrhoeal disease risk factors

1.1 Lack of water
- Use all available channels (local civic and aid agencies)
- Hold regular meetings to share information

1.2 Inappropriate sanitation
- Develop knowledge of chlorine use
- Contamination

1.3 Inadequate hygiene
- Look for additional water supply
- Contamination

2. Critical steps relating to other risk factors

2.1 Inadequacy of health services
- Low education and hygiene levels in the community
- Inadequate health services

2.2 Inaccessibility of health facilities
- Low density of health facilities
- Inadequate health services