

Training courses

DCE runs regular 5-day intensive short courses on “Communicable Diseases in Emergencies” which provide health coordinators and medical advisers, working in humanitarian emergencies for NGOs, UN agencies, national authorities, international organizations, universities, technical institutions and donor agencies, with the necessary technical skills to develop and implement communicable disease surveillance, prevention and control activities.

Courses are run in various locations globally, in collaboration with universities or NGOs.

For more information and the course brochure please visit:
www.who.int/diseasecontrol_emergencies/training/en/



Displaced persons camp, Sierra Leone, 2003.

Contact

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DISEASE CONTROL IN HUMANITARIAN EMERGENCIES

The problem

Numerous countries are either affected by armed conflict and food insecurity, or experience regular natural disasters, leading to humanitarian emergencies. Communities are often displaced and then resettled in temporary facilities for extended periods of time.

Displacement often entails extreme stress, exposure to the elements, overcrowding, inadequate shelter, poor water and sanitation, all of which increase the risk of communicable disease transmission and the threat of epidemics. These are further compounded by:

- environmental changes leading to vector breeding
- overwhelming or total breakdown of existing health services severely limiting access to treatment
- ongoing conflict restricting access to affected populations
- lack of drugs and supplies due to logistic difficulties
- the presence of multiple agencies providing health care with lack of proper coordination.



Tsunami, Banda Aceh, Indonesia 2004.

The challenges

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

- establishing surveillance and early warning and response systems (EWARN) to detect potential epidemics;
- establishing epidemic response capacity from the early stages of an emergency;
- ensuring the population has access to health care services;
- ensuring availability of experts to enhance the technical surge capacity during field responses;
- ensuring the sustainability of communicable disease control activities by involving local health staff in their development and implementation;
- improving coordination between local and national health authorities, UN agencies and nongovernmental organizations (NGOs).

Goal and objectives of DCE

The goal of WHO's unit on Disease Control in Humanitarian Emergencies (DCE) is to reduce mortality and morbidity due to communicable diseases in populations affected by humanitarian emergencies (armed conflict, natural disasters, food insecurity).

To achieve this, DCE provides technical and operational epidemiological services for the surveillance, monitoring, prevention and control of communicable diseases in humanitarian emergencies to national authorities, WHO country and regional offices, other UN agencies, NGOs, international organizations and donor agencies.

Partnerships

DCE coordinates the cross-cluster WHO Communicable Diseases Working Group on Emergencies (CD-WGE), which brings together WHO experts on relevant diseases, such as pneumonia, diarrhoeal diseases, malaria, measles, meningitis, TB/HIV, immunization, water and sanitation, child health, surveillance/early warning and outbreak response, laboratory, vector control, nutrition, food safety and injuries/wounds. The CD-WGE provides expert advice for the development of guidelines and training material, and helps set standards and prioritize interventions in acute and protracted humanitarian emergencies.



Woman with grandchild suffering from an acute respiratory infection and malnutrition. Southern Sudan 1998.

DCE also develops and maintains partnerships with a range of humanitarian agencies in order to enhance technical coordination of communicable disease interventions in emergencies.

Partners include NGOs (MSF, IRC, SCF, MDM, IMC, MERLIN, World Vision, Concern), UN agencies (UNHCR, UNICEF, WFP, UNFPA, UNDP), international organizations (ICRC, IFRC, IOM), universities (LSHTM, Johns Hopkins, Columbia, Geneva, UNSW, Harvard, Makerere, AU-Beirut, Fordham, Tufts), technical institutions (CDC, HPA-UK, Epicentre, ADPC) and donors (various).

Technical partnerships are also maintained with interagency fora such as the Inter-Agency Standing Committee (IASC), the Global Health Cluster (GHC), the Health and Nutrition Tracking Service (HNST), the Harvard Humanitarian Initiative (HHI) and the Health in Fragile States Network (HFSN).

Areas of work

The objectives of the unit are achieved by implementing a strategy focused on three main areas of work:

Field epidemiology

Surveillance and EWARN implementation, outbreak investigation and response, surveys, programme monitoring and evaluation.

Training

Regular intensive courses for health staff of humanitarian agencies and national authorities, conducted in collaboration with universities, NGOs and WHO regional offices.

Developing technical standards, guidelines and tools

- Disease risk assessments and public health prioritization following acute crises
- Country epidemiological profiles
- Communicable disease-specific guidelines for humanitarian emergencies (developed in collaboration with other disease specific teams within WHO).

Other long-term projects led by DCE include:

- improving surveillance and EWARN in humanitarian emergencies (in collaboration with WHO Regional Offices, Headquarter's departments and numerous external humanitarian partners)
- research and policy recommendations for the use of new vaccines in humanitarian emergencies (in collaboration with WHO/IVB, JHSPH, LSHTM, Epicentre, MSF, UNICEF, GAVI)

