Infectious diseases in the context of today's health crises

Short course on Infectious Diseases in Humanitarian Emergencies
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Health crises at the beginning of the 21st century

- Over 120 million people affected
- Mostly in Africa and Asia (including the Middle East)
- “Chronic” emergencies (Afghanistan, DRC, Middle East, Somalia…) with ongoing conflict
- Population often dispersed over large areas - Camp scenario no longer the norm
  - Urbanisation
- Apparently increasing frequency and severity of natural disasters
  - Environmental change
- Increasing number of health implementers – UN, NGOs (international / national), "military humanitarian assistance"
### Excess morbidity and mortality in armed conflicts

<table>
<thead>
<tr>
<th>Direct</th>
<th>Indirect</th>
</tr>
</thead>
<tbody>
<tr>
<td>(death and injury from battle, bombardments, etc.)</td>
<td>(increased risk of disease and death from disease, especially infectious diseases)</td>
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</tbody>
</table>

#### Direct

- Increased risk of disease and death from disease, especially infectious diseases.

#### Indirect

- Sexual and Gender-Based Violence
- Mental Health

#### Exceptions

- 71 to 98% of all deaths in nine recent African conflicts; *Human Security Report 2006*
- Exceptions (e.g. Iraq, Lebanon, Georgia...)

*Sexual and Gender-Based Violence*
Different crisis conditions

1. **“Entrapment”**
   - Progressive deterioration due to ever-present risk of violence
   - Eastern DRC, Afghanistan, Somalia, Iraq

2. **Mass displacement into camps**
   - Classic relief scenario
   - Darfur, northern Uganda, Thai-Burma border camps

3. **Displacement into host communities**
   - Poorly studied; due to violence or livelihoods pressure
   - Israel-Hezbollah 2006 war, Sri Lanka

4. **Natural disaster**
   - Sudden loss of livelihoods and environmental change
   - Indian ocean tsunami 2004, Pakistan earthquake 2005

5. **Food crisis**
   - Lack of access to food: not exactly same as “nutritional crisis”
   - Somali region of Ethiopia 2000
## Natural disasters versus armed conflicts

### Natural disasters
- Usually single event in time
- Usually limited area
- Health status of population usually good before the event
- Usually no major political issues
- Greater attention from the public
- Relatively few risks of infectious disease outbreaks

### Armed conflicts
- Can be very protracted
- Can affected large areas and populations
- Population may have experienced violence, long migration, deprivations, etc.
- Political context can be complex
- Forgotten wars
Cluster Approach

- Response to the *ad hoc*, disorganised nature of many international responses to humanitarian emergencies

- In 2005 UN Emergency Relief Coordinator (ERC) launched an independent **Humanitarian Response Review** of the global humanitarian system

- "*Cluster Approach*" proposed to address gaps and strengthen effectiveness of humanitarian response through building partnerships

- Aim to ensure predictability and accountability by clarifying the division of labour among organizations, and better defining their roles and responsibilities within the different sectors of the response
## Clusters and leads

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Lead(s)</th>
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<tbody>
<tr>
<td>Agriculture</td>
<td>FAO</td>
</tr>
<tr>
<td>Camp coordination / management</td>
<td>UNHCR IOM</td>
</tr>
<tr>
<td>IDPs (from conflict):</td>
<td>UNHCR IOM</td>
</tr>
<tr>
<td>Disaster situations:</td>
<td>UNHCR IOM</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>UNDP</td>
</tr>
<tr>
<td>Education</td>
<td>UNICEF, Save The Children - UK</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>UNHCR IFRC</td>
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<tr>
<td>Emergency Telecommunications</td>
<td>OCHA/UNICEF/WFP</td>
</tr>
<tr>
<td>Food</td>
<td>WFP</td>
</tr>
<tr>
<td>Health</td>
<td>WHO</td>
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<tr>
<td>Logistics</td>
<td>WFP</td>
</tr>
<tr>
<td>Nutrition</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Protection</td>
<td>UNHCR (Lead GPC)</td>
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<tr>
<td>IDPs (from conflict):</td>
<td>UNHCR/OHCHR/UNICEF</td>
</tr>
<tr>
<td>Disasters/civilians affected by conflict (other than IDPs):</td>
<td>UNHCR/OHCHR/UNICEF</td>
</tr>
<tr>
<td>Refugees</td>
<td>UNHCR</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>UNICEF</td>
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Global health cluster partners

- **Cluster Lead:** World Health Organization
- **UN Partners:** FAO, UNFPA, UNHCR, UNICEF and WFP
- **Observers to the Global Health Cluster:** International Committee of the Red Cross (ICRC), Interaction, Médecins Sans Frontières (MSF), and Sphere Project.
Countries with activated health clusters

- **Protracted complex emergencies**
  - Afghanistan
  - Central African Republic
  - Colombia
  - Côte d'Ivoire
  - Chad
  - Ethiopia
  - Democratic Republic of the Congo
  - Guinea
  - Kenya
  - Liberia
  - Somalia
  - Uganda
  - Zimbabwe

- **Sudden onset natural disasters**
  - Bangladesh
  - Dominican Republic
  - Ecuador
  - Indonesia
  - Lebanon
  - Madagascar
  - Mozambique
  - Myanmar
  - Pakistan
  - Philippines
  - Tajikistan
Consolidated Appeal Process (CAP)

- Based on Common Humanitarian Action Plan (CHAP)
  - an inclusive and joint strategic planning, monitoring and reviewing mechanism, based on an objective assessment of humanitarian needs (the CHAP)

- Inter-agency process encompassing entire humanitarian community (UN and non-UN)
  - CAP is a fundraising exercise using project proposals based on the CHAP

**CAP Countries/Regions (2008)**
- Central African Republic
- Chad
- Côte d’Ivoire
- Democratic Republic of the Congo
- Iraq
- Liberia
- Nepal
- oPT
- Timor-Leste
- Somalia
- Sri Lanka
- Sudan
- Uganda
- West Africa (12 countries)
- Zimbabwe
What DCE does

Health Security and Environment Cluster (HSE)

Disease Control in Humanitarian Emergencies (DCE)

Communicable Diseases Working Group on Emergencies (CDWGE)

Field Epidemiology
(surveillance, surveys, outbreaks, CD programme assessment / monitoring)

Guidelines, Tools

Training

Partnerships
WHO/DCE contact and website

- Email: cdemergencies@who.int

- Website for guidelines, tools, training material:
  - www.who.int/diseasecontrol_emergencies
OUR COMPUTERS ARE DOWN, SO WE HAVE TO DO EVERYTHING MANUALLY...