Emergencies

**Humanitarian emergencies**, caused by conflict or natural disasters, are frequently characterized by the displacement of large numbers of people. Those affected are often resettled in temporary locations with high population densities, inadequate food and shelter, unsafe water and poor sanitation.

These conditions have enabled **communicable diseases**, either alone or in combination with malnutrition, to emerge as major killers.

Death rates of up to 10 times those of the local population have been recorded among refugee and displaced populations, and more than three-quarters of these deaths may be caused by communicable diseases alone.

Various risk factors interact to produce a higher incidence of diarrhoeal diseases, acute respiratory infections, vaccine-preventable diseases such as measles, and vector-borne diseases such as malaria. Tuberculosis and HIV/AIDS are also major health concerns in these situations.

**Programme on Disease control in humanitarian emergencies (DCE)**

DCE aims to reduce the excess morbidity and mortality caused by communicable diseases in humanitarian emergencies by providing technical and operational support to the WHO Department of Health Action in Crises (HAC), WHO country and regional offices, national authorities, other United Nations agencies, nongovernmental and international organizations and donor agencies.

**Programme strategy and key activities**

DCE coordinates the Communicable Diseases Working Group on Emergencies (CD-WGE), which includes WHO experts on diarrhoeal diseases, malaria, acute respiratory infections, tuberculosis, HIV, immunization, water and sanitation, child health, surveillance/early warning and outbreak response. This Working Group sets the technical standards for communicable disease control and provides rapid technical and operational support in acute emergencies, with ongoing assistance as the situation evolves.

The core function of DCE is the provision of technical and operational support for communicable disease control in humanitarian emergencies. Priority conflict-affected countries currently being supported include Afghanistan, Angola, Burundi, Chad, Côte d’Ivoire, the Democratic Republic of the Congo, Liberia, Niger, Sierra Leone, Somalia, Sudan and northern Uganda.

In the event of a new emergency, DCE will provide the necessary technical and operational support for communicable disease control to ensure an effective humanitarian response and the protection of health of emergency-affected populations.
Programme goals are achieved by implementing a strategy focused on five areas of work:

**Goal 1 — Developing technical standards, guidelines and tools for communicable disease control in humanitarian emergencies**, including guidelines on prevention and control, country-specific epidemiological profiles and surveillance/early warning guidelines for outbreak preparedness and response during the acute phase.

Examples of tools developed for the 2004 Asian tsunami response:

- Flooding and communicable diseases – WHO fact sheet
- Communicable disease risk assessment and interventions for tsunami affected areas
- Indonesia communicable disease profile 2005
- Communicable disease toolkit for tsunami-affected areas, including surveillance/early warning and response guidelines, electronic system for data entry and analysis including health mapping, outbreak management and supplies, health assessment forms and guidelines for laboratory specimen collection.

**Goal 2 — Providing operational support for communicable disease control in acute emergencies and for protracted crises, e.g. in conflict-affected countries.** Acute-phase activities include rapid risk and needs assessments, morbidity and mortality surveys and prevention and control activities, including implementation of surveillance/early warning and response systems, with additional technical support from partners such as the Global Outbreak Alert and Response Network. Acute-phase teams have been deployed in collaboration with HAC to countries including Chad, Indonesia, Iraq, Liberia, Pakistan, Sri Lanka and Sudan.

In protracted conflict situations, field teams are deployed through CD-WGE to support the development and implementation of communicable disease control programmes. Field missions have recently been conducted in Burundi, the Democratic Republic of the Congo, northern Uganda, Sierra Leone and southern Sudan.

**Goal 3 — Building capacity on communicable disease control in emergencies** through training workshops and education targeting key WHO staff, national authorities, other United Nations agencies and nongovernmental and international organizations. Workshops have been held in countries such as the Democratic Republic of the Congo, Egypt, Ethiopia, Iraq, the Islamic Republic of Iran, Kenya, Lebanon and Uganda.

Training modules on communicable diseases have been developed and implemented for specific courses, including:

- **Public health in complex emergencies** (Columbia University/World Education/IRC)
- **International diploma on humanitarian assistance**
- **Health emergencies in large populations or HELP course** (ICRC)
- **European programme on intervention epidemiology training (EPIET)**
- **United Nations disaster assessment and coordination (UNDAC) course**
- **UNHCR and IRC Health Coordinators’ courses**

**Goal 4 — Strengthening local and international partnerships** with other United Nations agencies, donors, nongovernmental organizations and academic institutions for successful control of communicable diseases in humanitarian emergencies through joint technical consultations and joint field missions.

**Goal 5 — Advocating for the health of emergency-affected populations** by collecting and disseminating communicable disease data and information and monitoring the impact of humanitarian responses.