

Surveillance During Complex Humanitarian Emergency: Understanding the Future Health Needs in Cox's Bazar

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INTRODUCTION

- When tension broke in Myanmar, it was estimated that 600,000 Rohingya refugees fled into Cox's Bazar with more than half of them being women and children^{1,2}
- MERCY Malaysia responded to the growing need for assistance during the crisis and collaborated with a local organization to deliver emergency relief which included the operation of primary health clinics in Balokhali and Kutupalong as well as the distribution of non-food items

OBJECTIVE

This study aimed to identify the common diseases during the acute phase of a complex humanitarian emergency setting based on World Health Organization's (WHO) Early Warning, Alert and Response System (EWARS)

METHODOLOGY

- Secondary data reported to WHO's EWARS were utilized
- Data obtained from primary health clinics operated by MERCY Malaysia in Balokhali and Kutupalong camps during the initial response between November to December 2017
- Data were recorded on a daily basis by the staff in primary health clinics
- The diseases were tabulated according to the list on EWARS
- Data were analyzed and reported descriptively using Microsoft Excel

RESULTS

- 11,157 cases were seen
- Patients were mostly female (55.5%) and above 5-years old (79.8%)
- Top three diseases; diarrhea (5.7%), acute respiratory infections (31.1%) and other illnesses/NCDs (50.3%)

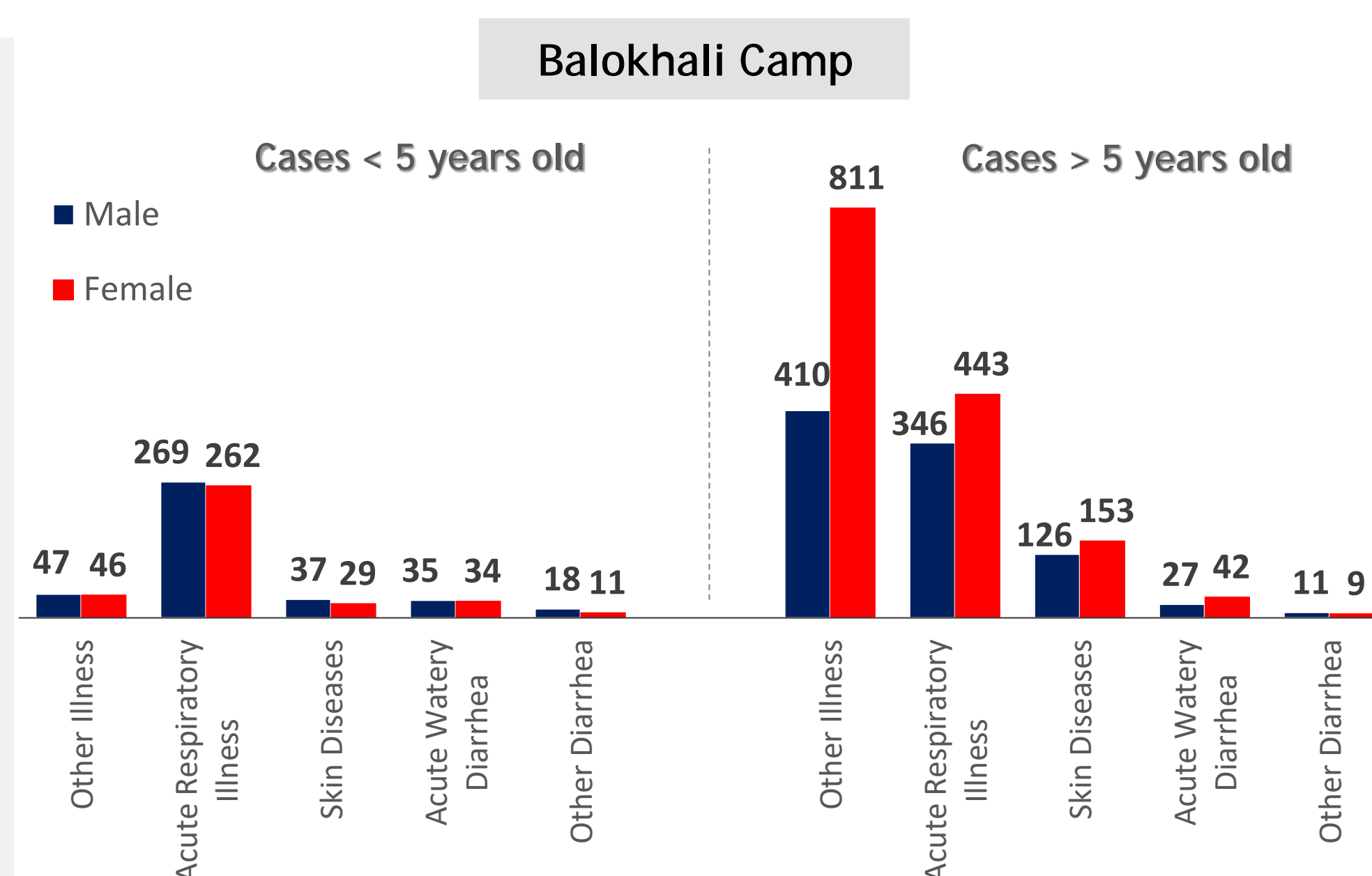


Figure 1: Top Five Diseases Recorded at Balokhali for Patients < 5 years & > 5 years

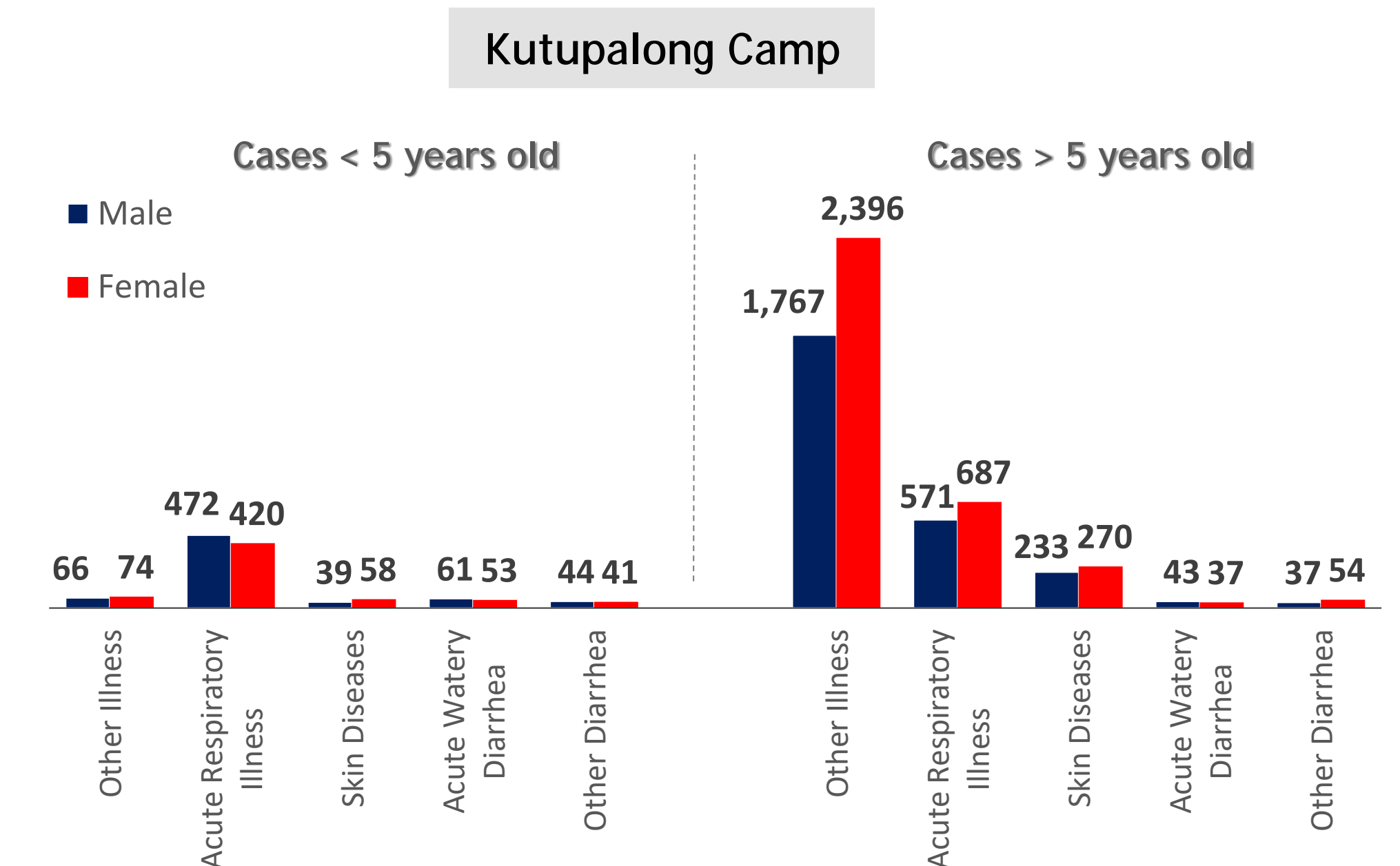


Figure 2: Top Five Diseases Recorded at Kutupalong for Patients < 5 years & > 5 years

DISCUSSION

- Early warning surveillance has been implemented in many humanitarian or complex emergencies³
- Surveillance of diseases using EWARS is a simple, pragmatic and cost-effective solution during the pre-outbreak phase in a complex emergency setting to prevent outbreak from developing
- Findings raised awareness of the burden of other diseases / non-communicable diseases (NCDs) for refugees above 5 years and the need for humanitarian actors to act

CONCLUSION

A comprehensive response to management of NCDs in complex emergency is mandatory but often neglected during humanitarian response. A patient-centred approach is critical. Need to prioritize which NCDs to address based on burden of disease for the provision of long-term care.

RECOMMENDATION

- EWARS must not impose data recording burden additional to existing health management information systems⁴
- Advocate for NCD-oriented research to make interventions more effective and sustainable^{5, 6}
- Ensure health facilities' are prepared for NCD service-delivery⁵
- Include NCDs in rapid assessments⁵
- Incorporate NCDs into existing emergency-related policies, standards, and resources^{6, 7}
- Multi-stakeholder approach required to address NCDs in complex emergency^{7, 8}

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