Complex emergency/population movement

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Key facts

- Population movement often results from a combination of hazards, either manmade and/or natural.
- Complex emergencies can lead to significant population movement and epidemics. These also often result in the collapse of the health system.
- Increase of population movement is exacerbated by climate change.
- The population is often affected by malnutrition, epidemics and poor health overall. Specific health needs and vulnerabilities exist before, during and after population movements.

Main health impacts

Health concern	Risk factors
Malnutrition/micronutrient deficiency	Insufficient nutrient intake leading to increased vulnerability to infection, morbidity and mortality. Vulnerable groups including children under five years of age, pregnant and lactating women, and people with chronic illness such as HIV and TB are especially at risk.
Diarrhoeal diseases	Limited access to water supplies and sanitation services lead to diarrhoeal diseases. During population movements, increased vulnerability can lead to large scale outbreaks of cholera and other infectious diseases. Lack of and/or delay in treatment and illness itself contributes to deteriorating nutritional status and makes malnourished people more vulnerable.

Health concern	Risk factors
Vector-borne diseases	Lack of suitable shelter and lack of access to bed nets or other preventive measures increase exposure to and risk of vector-borne diseases
Respiratory illnesses, skin infections and vaccine-preventable diseases	Significant population displacement and overcrowded, communal emergency shelters coupled with poor hygiene, can lead to respiratory illnesses or skin diseases. High insecurity in complex emergencies can lead to the disruption of routine health services such as vaccination programmes, therefore increasing the risk of transmission of vaccine-preventable diseases, namely measles.
Overall adverse health outcomes	Conflict and violence can lead to damage to health facilities and disruption to provision of health care services. During population movements some groups may be unable to access existing services due to a range of obstacles (e.g. inability to use services in other countries, high costs), therefore limiting access not only to primary health care such as maternal and child health services, but also to essential care for chronic noncommunicable diseases (NCD).

Priority actions for teams with community and public health response capacity

Immediate steps	• Nutritional assessment (**Note. This requires technical expertise in nutrition programming).** • Identify key disease hazards and implement corresponding prevention and preparedness measures, in particular health hazards related to poor WASH services and to vaccine-preventable diseases.
Surveillance	• Activate disease early warning systems. • Assess existing surveillance mechanisms (if any). Determine, if there is a need, the extent to which the National Red Cross Red Crescent Society could feasibly support community-based surveillance efforts. If necessary, set up a community-based surveillance system. • If vector control is needed, consider household vector surveillance and community clean-up activities for vectors and breeding sites to reduce vector density.

Community-based action and social mobilization	• Screening for malnutrition (including corresponding community engagement and mobilization), to facilitate early case finding, referral to the community-based management programme, and effective follow-up measures at the community. **Note: This is only appropriate if there is an existing Community Management of Acute Malnutrition (CMAM) programme that provides care for severe acute malnutrition (SAM) and to which volunteers can refer cases**. • Social mobilization for emergency vaccination campaigns as needed • Ensure access to mental health and psychosocial support (MHPSS) services for community members and staff/volunteers which may include (but are not limited to): regularly assessing MHPSS needs; providing information on the situation regularly in cooperation with authorities; training volunteers for the provision of psychosocial support (PSS); using mobile teams providing a range of support; embedding PSS into evacuation centre/shelter facilities; providing special support to vulnerable groups; working closely with authorities in family tracing; coordinating points for further care. • Promote and support health and sanitation education including special health risks and prevention strategies during population movements. • Support in restoring family links. • Assure convenient clothing and accommodation facilities for population in movement. • Support for survivors of sexual or gender-based violence. • Ensure access to health care for population in movement. • Identification in the community of cases of high-risk diseases (see list of disease tools below) and referral to pre-identified health structures. This requires a prior establishment of a referral pathway, that is, mapping of existing primary health facilities, an assessment of minimum quality care standards and accessibility (including geographic and cost related barriers).

For teams with additional clinical capacity

Please always refer to the appropriate local or international guidelines for clinical management.

Important primary health care interventions

- Specific primary care interventions for diarrhoeal diseases, respiratory tract infections, vector-borne diseases, noncommunicable diseases as well as other communicable diseases.
- Support continuity of core service delivery including maternal and child health.
- Advocate and/or support authorities to ensure access to services and medication for patients with NCD and who require palliative care.
- CMAM which includes: community outreach and mobilization; inpatient management at a stabilization centre for SAM cases with complications; outpatient management for SAM cases without complications; and supplementary feeding programmes for moderate acute malnutrition (MAM) cases without complications. Implementation of the various components of CMAM can vary across

geographic areas and implementers.
- Child vaccination (as part of malnutrition prevention strategies).

Disease tools that may be relevant

> Hepatitis A
> Measles
> Malaria
> Cholera
> Acute respiratory infections (ARI): Influenza (avian and seasonal)
> COVID-19 disease
> Diphtheria
> Diarrhoeal diseases
> Hepatitis E
> Meningococcal meningitis
> Pertussis (whooping cough)
> Poliomyelitis (polio)
> Rubella
> Typhoid fever