

Tuberculosis control in complex emergencies



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Cover photo shows Syrian refugees in Jordan.

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Foreword

In our times, emergencies and disasters have forced millions of people to leave their homes and move within and across national borders. In regions such as the WHO Eastern Mediterranean Region, continued conflict and civil disturbance in several countries have had grave impact on public and social services. Evidence shows the serious public health consequences for populations affected by complex emergencies. When essential public services break down, the risk of disease intensifies and morbidity and mortality rates rise. However, complex emergencies also provide unique opportunities for public health professionals to develop and implement innovative disease prevention and control strategies.

Tuberculosis is an infectious disease which thrives in the conditions generated by complex emergencies. As the risk of disease transmission increases, pressure on the delivery of tuberculosis care services grows, and the health system must find ways to sustain case detection, avoid default of patients on treatment and minimize the risk of drug resistance. The WHO End TB Strategy, adopted by the World Health Assembly in 2014, is an innovative, ambitious yet health system-oriented approach to the global epidemic. Translating the vision of the strategy into operational effectiveness during complex emergencies, through guidance that can be used by health workers in field, is essential.

The delivery of disease prevention and care services during complex emergencies is a multisectoral responsibility, and prevention and control of tuberculosis is thus a challenging task for health managers and workers alike. The WHO Eastern Mediterranean Region has considerable experience in providing tuberculosis care during emergency conditions, and it is appropriate therefore that WHO has developed a guide for tuberculosis control in complex emergencies based on this experience. This publication is intended to make the work of health planners and health workers easier and more productive, providing information on management of tuberculosis programmes, case detection and treatment.

The guide provides a practical reference for tuberculosis control managers endeavouring to provide tuberculosis control and care services in complex emergencies. It is based on lessons learnt through implementation of tuberculosis control programmes in several countries of the Region. I hope the guide will be useful to health programme managers and planners, health workers and other stakeholders in public health care delivery in emergencies. Tuberculosis is preventable and curable. Conflict and population movement as a result of emergencies in areas where we work should not stop us from ensuring that tuberculosis cases are detected in a timely manner and people receive quality care.

Dr Ala Alwan

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I. Introduction

I.1 Background

According to the *World disasters report* (1), it is estimated that >270 million people live in countries with complex emergencies. In the same year (2012), 45.2 million people were reported as refugees or displaced people, 7.6 million of them due to conflict or persecution (2).

Complex emergencies are characterized by a breakdown of public services, including those for health, poor logistic networks, destruction of infrastructure and disruption of societal relations (3); they are usually related to political conflict or natural disaster. In such an environment, the public and social services that cover essential needs, such as access to safe water, basic foods or sanitation, become inaccessible for a large part of the population. Even access to already prescribed medicines for long-term treatment of chronic communicable diseases, such as HIV infection, or noncommunicable diseases, such as diabetes, might be interrupted. In addition, affected populations often have malnutrition and an increased burden of communicable diseases and of mental health problems. This is particularly pronounced among vulnerable population groups, such as children, women, elderly people and socially disadvantaged individuals. In these circumstances, the problem of tuberculosis (TB) control is exacerbated, because of the increased number of vulnerable people and because of the collapse of health services in general, and thus of the specialized care and prevention services needed for TB.

The interruption of drug supplies often results in irregular intake of the necessary medicines by patients. This leads to an increase in treatment defaulting, low cure rate, higher numbers of patients with relapse, and increased risk of developing drug-resistant TB. In some complex emergency settings, the response of the international community involves many agencies, including United Nations agencies and a range of

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