



# CANADA'S PERIODICAL ON REFUGEES REFUGEE

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## HEALTH ISSUES AFFECTING DISPLACED POPULATIONS The Evolution of Public Health Response in Emergency and Post-Emergency Phases of Complex Emergencies

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### Introduction

The field of humanitarian response has made tremendous strides over the past decade. In the Cambodian refugee camps in the 1980s, the establishment of basic health information systems allowing for rapid response and directing health programs according to the data

collected, proved a powerful tool in improving the health of the refugee populations.<sup>1</sup> Simple but powerful epidemiological computer programs were developed which have proved invaluable in the field.<sup>2</sup>

As a consequence of the terrible toll of the numerous massive population displacements in Africa and Asia

throughout the past two decades, the importance of implementing rapid mass measles immunization campaigns for children, methods to detect, measure and treat malnutrition, and the recognition that four main communicable diseases (measles, diarrhea, lower respiratory tract infections, and malaria (in endemic areas) during the acute phase of crises often accounted for over 70% of all deaths in the camps), has saved an incalculable number of lives.<sup>3-6</sup>

The field of disaster response has slowly professionalized over the past decade. Western-trained health professionals, whose education generally emphasizes an individual patient-centered curative approach, now have the opportunity to choose from various training programs which focus on the essential elements of managing health situations in complex emergencies (CEs), with an emphasis on public health and preventive medicine. From the numerous experiences of responding to mass population movements during the past few decades, a codification of standards of care during the acute phase of CEs has been developed,<sup>7</sup> es-

### CONTENTS

Health Issues Affecting Displaced Population <i>Paul B. Spiegel</i> .....	1
Malaria Control in Complex Humanitarian Emergencies <i>John R. MacArthur et al.</i> .....	4
An Ongoing Omission: Adolescent and Adult Malnutrition in Famine Situation <i>P. Salama &amp; S. Collins</i> .....	12
Water for the Displaced Population's Health: An Urban-Rural Dichotomy Revisited <i>A. Ozerdem &amp; S. Barakat</i> .....	16
Health Issues Affecting Displaced Population <i>Samantha Guy</i> .....	22
Good Practice in Public Health: Thinking About the Economics of Complex Emergencies <i>D. Deboutte</i> .....	26
Continuous Quality Improvement Applied to Outpatient HealthCare Delivery in Displaced Persons Camps <i>P. B. Spiegel, E. Lynch, &amp; N. M. Patel</i> .....	31
Assessing Centers for Displaced Children in Rwanda <i>J. J. Valadaz, &amp; J. Sherry</i> .....	39
Kosovar Refugee Assessment in Montenegro and Albania <i>V. Brown et al.</i> .....	43
The Practice of Immigration Health in Complex Emergency Situations - A Case Study of Kosovo from March to July 1999 <i>B. D. Gushulak et al.</i> .....	46

