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Centre for International Health		Complex emergencies	
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Rationale:

One of the starkest examples of the relationship between social injustice, inequality, and poor health outcomes may be found among populations affected by complex emergencies. The public health impact of complex emergencies is often profound and dramatically illustrates the link between health and human rights. Complex emergencies severely disrupt efforts to promote social and economic development and have a long-lasting negative impact on the ability of health systems to provide effective services to the poor. They also exacerbate the effects of the low status of women and are often associated with an increase in sexual and physical violence against women.

The term *complex humanitarian emergency* came into popular use following the Kurdish refugee exodus in 1991. It was defined by the Centers for Disease Control and Prevention as “a situation affecting large civilian populations which usually involves a combination of factors including war or civil strife, food shortages, and population displacement, resulting in significant excess mortality” (Burkholder & Toole, 1995). Goodhand & Hulme (1999) defined *complex political emergencies* as conflicts which combine a number of features: they often occur within but also across state boundaries; they have political antecedents, often relating to competition for power and resources; they are protracted in duration; are embedded in and are expressions of existing social, political, economic and cultural structures and cleavages; and they are often characterized by predatory social formations”.

Burnet’s Role:

Humanitarian assistance to populations affected by complex emergencies requires knowledge and skills across a broad range of public health issues – water and sanitation, nutrition, communicable disease control including HIV prevention, reproductive health, essential drugs, health service organization, health worker training, and health education. As an institute specialising in public health in resource-poor settings, the Burnet’s Centre for International Health has extensive relevant expertise to contribute. In the past ten years, CIH has provided support to humanitarian assistance programs in a range of ways, including:

- The development of technical guidelines and manuals (eg, tuberculosis control and HIV prevention and care);
- The hosting of an annual short course on public health in disaster settings;
- Teaching in other relevant courses (eg, James Cook University in Townsville, PSP courses in Europe, HELP courses in Hawaii and Japan, and the US-funded Primary Health Care in Emergencies courses in Thailand and Uganda);
- Facilitation of international seminars in Geneva on the role of WHO in emergencies;

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- Technical support for a national survey on conflict-related mortality in the Democratic Republic of the Congo in 2004;
- Short-term assistance in establishing disease surveillance after the tsunami in Aceh province of Indonesia in 2005;
- Publication in peer-reviewed journals of editorials, case studies, policy initiatives, and study findings related to the public health impact of complex emergencies;
- Public advocacy to draw attention to the plight of the population targeted by militia violence in western Darfur province of Sudan.

Policy on Burnet/CIH Involvement in Complex Emergencies

1. Burnet/CIH will **not** take on the role of direct provision of humanitarian assistance to populations affected by complex emergencies.
2. CIH will continue to monitor the public health impact of complex emergencies and engage in advocacy to bring relevant information to the attention of policy-makers.
3. CIH will continue to host a short course every summer on public health in disaster settings and encourage participation by the staff and volunteers of Australian NGOs engaged in humanitarian assistance.
4. CIH will offer the short-term technical advisory services of staff to agencies providing humanitarian assistance, in particular, WHO, UNHCR, Australian NGOs such as World Vision, Australian Red Cross, and Oxfam, and the US-based International Rescue Committee.
5. CIH will respond positively when possible to requests from legitimate disaster relief agencies for assistance in developing technical guidelines and manuals and in conducting epidemiological studies, such as surveys and outbreak investigations.
6. CIH will encourage staff to participate – if their workload permits -- in the teaching of courses related to public health in complex emergencies.

References

- Burkholder, B.T., & Toole, M.J. (1995). Evolution of Complex Disasters. *Lancet*, 346, 1012-1015.
- Goodhand, J., & Hulme, D. (1999). From wars to complex political emergencies: understanding conflict and peace building in the new world disorder. *Third World Quarterly*, 20(1), 13-26.