
**Reducing Excess Mortality from
Common Illnesses
During a Severe Influenza Pandemic:**

**WHO Guidelines for Emergency
Health Interventions in Community Settings**

John Watson



**World Health
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Who are we?

- Disease Control in Humanitarian Emergencies (EPR/DCE)
- DCE coordinates the Communicable Disease Working Group on Emergencies (CD-WGE)
 - 30 disease focal points from across WHO/HQ



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Background

- The impact of a severe influenza pandemic will overwhelm the ability of health facilities to maintain operations
 - especially in areas with limited healthcare resources
- The resulting disruptions will severely limit the access of communities to facility-based health care services



Background

- Health systems
 - sudden, major increase in service demand
 - large decrease in capacity (staff, supplies)
- Routine healthcare delivery will not be available at health facilities



Why common illnesses?

- Common illnesses — malaria, diarrhoea, respiratory infections — are already major killers in many resource-poor areas
- Mortality could greatly increase without access to basic prevention and treatment services; but
- Community-based approaches offer an opportunity to address this potential gap



Community-based Approach

- Rationale -

- Community-based services
 - improve access for patients
 - help reduce demand for health facility-based services
 - help fill gaps due to disruptions at the health facility
 - reduce crowding (and risk of influenza transmission) at facilities

and...

- A strengthened community-based approach to common illnesses can benefit communities immediately



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Objectives

- To provide strategies for prevention and treatment, at the community and household levels, of the most likely contributors to excess morbidity and mortality from common illnesses during a severe influenza pandemic
- To provide recommendations to support a minimal level of continuity for priority public health programmes during a pandemic



What do we have now?

- Existing guidance -

- No pre-existing guidance addressing this topic
- Many WHO guidelines for treatment of illnesses in the community
 - Integrated Management of Childhood Illnesses (IMCI)
 - Integrated Management of Adolescent and Adult Illnesses (IMAI)
 - Home-based Management of Malaria (HMM)
 - Management of pneumonia in community settings, WHO/UNICEF
 - TB care and control in refugee and displaced populations
 - ARVs in emergencies



Key Principles

- Temporary guidance for the management of priority conditions during a severe influenza pandemic
 - estimated duration 8-12 weeks
 - recurrent waves possible over 2-3 years
- Minimum recommended package of priority interventions
 - adapted to local needs and requirements
- Treatment guidelines adapted from existing WHO guidelines
 - presumptive treatment of disease syndromes



Key Principles

- Build on existing national community health programmes and services
 - but shift to an "emergency mode" for the duration of the pandemic
- Integration into other pandemic preparedness activities
 - community component of the national pandemic preparedness plan (PPP)



Key Principles

- Primarily suitable for resource-poor settings
 - but applicable to a wide range of situations
- Immediate implementation of
 - community-based strategy
 - identification and training of community health responders



Audience

- Intended for use by
 - Ministries of Health
 - nongovernmental organizations (NGOs)
 - Red Cross/Red Crescent societies
 - United Nations agencies
 - others
- To provide a framework for community-level action



Household and Community Preparation

- Household preventive measures
- Both general and specific measures for disease prevention
 - 12 key family practices
 - breastfeeding, safe water and sanitation, LLINs, immunizations, knowing when to seek care, antenatal interventions, etc
 - Specific measures during pandemic
 - distancing from ill
 - good ventilation at home
 - avoid large gatherings



Community Health Responders (CHRs)

- Provide a minimum level of health care delivery in the community during an influenza pandemic
 - fill gaps and reduce demand for facility-based services
 - manage acute illnesses in the community
- Build on and support existing community-based health worker programmes
 - or be designated ad hoc
 - not parallel
- CHRs will need training, toolkits, and well-defined triggers for action



CHR management of acute illnesses in the community during a pandemic

- Presentation of syndromes
 - Cough or difficulty breathing/pneumonia
 - Fever/malaria
 - Diarrhoeal disease
 - Malnutrition
- Diagnostic and treatment resources will be extremely limited
 - simplified approach to care
 - refer if danger signs present



Prioritizing health programmes at health facilities

- Recommendations for existing outpatient programmes interrupted by an influenza pandemic
- Planning for continuation of priority health programmes in the community
 - HIV/AIDS
 - TB
 - Reproductive health
 - Chronic diseases



Timeline

- Partners meeting 17-18 March
- Finalization of the draft document (2-3 weeks)
- Additional review by partners
- Editing, finalization, publication

