



RBM and complex emergencies

More than one million deaths from malaria occur worldwide each year—90% of them in Africa south of the Sahara. Around 30% of Africa's malaria deaths are in countries experiencing acute, chronic or post-conflict complex emergency situations. Today, it is estimated that over 200 million people in Africa alone are living in countries either directly or indirectly affected by complex emergencies.

Malaria deaths during complex emergencies usually far exceed those caused by the conflict at the root of the emergency itself. The chaos that follows war or civil unrest can destroy health systems, cut food supplies and expose people to multiple infections. Insecurity and poor living conditions in temporary camps and war-affected towns increase both people's vulnerability to disease, and the chances of vector and waterborne disease transmission. The collapse of infrastructure makes it difficult to address even basic health care needs.

The RBM Partnership, including the WHO malaria control department (MAL), are joining forces with other groups working to control communicable diseases in complex emergency situations. Their goal is to reduce the malaria burden in such situations, especially when malaria is one of the main public health concerns. Implementing partners (mainly NGOs), UN agencies and the donor community are helped to select and implement best practices according to WHO guidelines and standards. Technical support is provided to enhance partners' capacity to respond quickly and effectively to emergency situations. Among key activities supported by the RBM Partnership are the following:

- Introduction of new vector control tools and treatment options such as insecticide-treated plastic sheeting, long-lasting treated nets and artemisinin-based combination therapies (ACTs).
- Organization of training courses and the development and distribution of guidelines and training manuals. These include an interagency handbook and a seven-day intensive training course on malaria in complex emergencies, mainly for NGOs. In conjunction with the Working Group on Emergencies, established by WHO's Communicable Disease Cluster, MAL is also helping organize communicable disease training courses.
- Maintaining and updating a malaria database in six priority emergency-affected countries, namely Angola, Afghanistan, Democratic Republic of Congo, Liberia, Sierra Leone and Sudan.
- Providing technical guidance to RBM partners to help them develop sound proposals for submission to international funding agencies. This includes posting short- and full-term field staff to selected countries or regions such as Afghanistan, Democratic Republic of the Congo, Liberia, Sierra Leone and south Sudan. These staff work closely with NGOs and international agencies



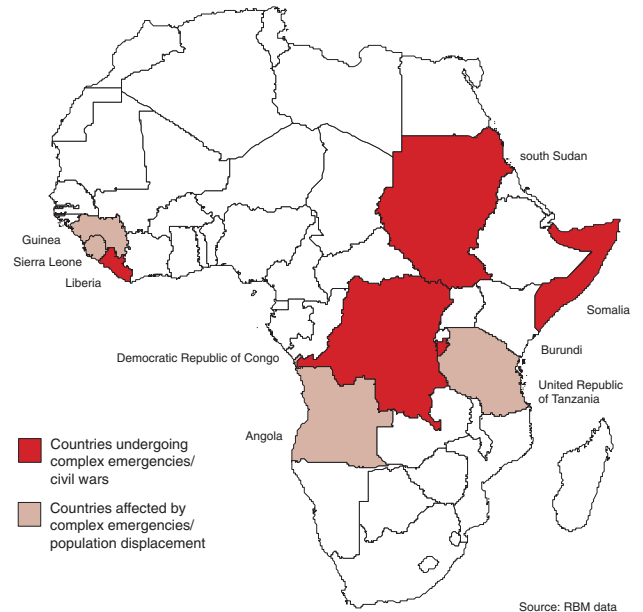
Above and below: makeshift and crowded housing in temporary camps create ideal conditions for malaria transmission.



helping them to coordinate and scale up their malaria control interventions.

■ Organizing regular partners' meetings to share information and update stakeholders on achievements made in the field of complex emergencies and the development of innovative tools

African countries undergoing complex emergencies that have received support from RBM



Roll Back Malaria is a global partnership initiated by WHO, UNDP, UNICEF and the World Bank in 1998. It seeks to work with governments, other development agencies, NGOs, and private sector companies to reduce the human and socioeconomic costs of malaria.

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