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REVIEW

# Pre-travel health advice guidelines for humanitarian workers: A systematic review



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#### Summary

*Background*: In the last decades, there have been several natural disasters and global catastrophies with a steady increase in humanitarian relief work. This has resulted in increased research in the field of humanitarian aid, however the focus is mostly on the victims of the disasters and not on the individuals and organisations providing aid.

*Objectives:* The intent of this research is to review the information available on predeployment interventions and recommendations such as vaccinations and other health preserving measures in volunteers and professionals deploying abroad in humanitarian relief missions.

*Methods:* We performed a systematic literature review of papers written in English, French, Italian or German. We searched the following databases: Cochrane, PubMed, CINAHL, EMBASE and also hand searched reference lists. The cut-off date for the publication search was November 20th, 2014. In addition to the literature search we also sent a questionnaire to 30 organisations to detail their approach to preparing relief workers.

*Results:* We identified 163 papers of possible relevance and finally included 35 papers in the systematic review. Six organisations provided information on pre-deployment preparation of aid workers. Identified papers show that pre-deployment physical and mental fitness are paramount for success in humanitarian missions. However, in many settings, pre-travel medical and psychological assessments and/or training/education sessions are not mandatory. We identified high-risk hazards for aid workers (often location specific), these included: travellers' diarrhoea, vector-borne infections, accidents, violence, tuberculosis, HIV, hepatitis A, leptos-pirosis, typhoid fever, seasonal and H1N1 influenza.

Conclusions: The medical evaluation can identify problems or risk factors, such as

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psychological frailty, that can be exacerbated by the stressful settings of humanitarian missions. In this pre-travel setting, the status of routine vaccinations can be controlled and completed, medication dispensed and targeted preventive advice provided. A mission specific first-aid kit can be recommended. There is a lack of evidence-based literature on the theme of pre-travel advice guidelines for humanitarian workers. We propose a shared database of literature on this topic as a resource and suggest that some standardization of guidelines would be useful for future planning.

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### 1. Background

Recent international events, including the 2010 Haiti earthquake, the 2015 Nepal earthquake, the Syrian crisis, the Pakistan flood, the South East Asian Tsunami disaster, war and genocide in Sudan, US involvement in Iraq and Afghanistan, the Ebola epidemic and the on going global HIV/AIDS crisis, have turned the collective eyes of the medical profession and well meaning volunteers abroad [1-4]. The willingness to help in compassionate people resulted in an steady increase in humanitarian relief work and in the number of associated aid workers deployed (+4% of aid workers) [5-8]. This has led consequently to a general increase in research in the field of humanitarian help, but the focus was almost always on the victims of the disasters and not on the people and organisations providing help, so that a lack in research exists relative to the health risks in the humanitarian aid workers. There is a lack of guidelines on pre-deployment travel health advice and safety preparations for aid workers on relief missions to help them protect their own health. The number of people employed in the humanitarian assistance field is increasing [7], and there has been a tremendous increase in interest in international emergency medicine in clinical practice and research [8].

#### 1.1. What is a "disaster"?

The World Health organisation defines a disaster as: "A catastrophic situation in which the day to day patterns of life are disrupted and people are plunged into helplessness and suffering and, as a result, need protection, water, food, clothing, shelter, medical and social care, and other necessities of life" (WHO, 1999) [9]. Two types of disaster aid work can be defined: humanitarian aid, which responds to crisis situations, and longer-term development work, which seeks to address the socioeconomic factors which may have led to such crisis or emergency as a cause to a disaster in developing countries, due to the scarce preparation/readiness [9]. Our research focuses on the former.

A disaster does not always occur when a flood or an earthquake happens, but only when as a consequence of such a happening, a society is no longer capable of coping with the emerging problems and the functioning of the state becomes dependent on help from the outside organisations [2]. The frequency of natural disasters is increasing, there were three times as many natural disasters in the period 2000 through 2009 compared to the period 1980-1989 [2,4-6,10], . Although better communications may play a role in this trend, the growth is mainly in climate-related events, accounting for nearly 80% of the increase [3]. Global

climate change is an important factor in increasing the probability of natural disaster and importance has also to be given to improving resilience/decreasing population vulnerability [11]. Armed conflicts [3], are also a relevant source of mortality and morbidity, and of big refugees streams, requiring humanitarian intervention. In cases where humanitarian help is necessary, a fast response with trained, competent and prepared aid workers is paramount [12].

#### 1.2. Organisations

There are some 4400 NGOs worldwide undertaking humanitarian action on an ongoing basis. The system is dominated by a small group of large global players: the UN humanitarian agencies, the International Movement of the Red Cross/ Red Crescent, and five international `mega' NGOs (Medecins Sans Frontieres (MSF), Catholic Relief Services (CRS), Oxfam International, the International Save the Children alliance, and World Vision International) whose combined humanitarian expenditure in 2010 exceeded \$2.7 billion [6].

Regarding the number of humanitarian aid workers around the world the numbers are little different: 50% are coming from NGOs, 25% from the Red Cross/Red Crescent Movement and 25% from the UN system [6].

Humanitarian help is delivered by many types of organisations [6]:

- International NGOs
- UN agencies, offices, funds and programmes that work in humanitarian assistance (including all IASC member agencies, OCHA, UNRWA and IOM)
- The International Movement of the Red Cross/Red Crescent (ICRC, IFRC and National Societies)
- National NGOs (that partner with and/or receive funding from international humanitarian entities for humanitarian operations)
- Host-government entities with formal roles in overseeing the receipt and implementation of international humanitarian assistance
- Regional, intergovernmental agencies engaged in humanitarian activities
- Donor-government agencies/offices

Non-core humanitarian organisations work in parallel and often in coordination with the rest of the humanitarian system but have different ultimate goals and approaches. These include:

- Military
- UN Missions

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