

Complex Humanitarian Emergencies Courses

2016 - 2017

GH 510: Epidemiological Methods in Humanitarian Emergencies

Spring. Prerequisites: EPI 530, BIOS 500, and GH 512. This course covers epidemiologic methods used in complex humanitarian emergencies, such as rapid assessment, surveillance, survey design (with a focus on cluster surveys) and analysis. In addition, the class includes other topics such as outbreaks in emergencies as well as practical sessions on anthropometry and field laboratory methods. Teaching methods combine lectures and case studies of recent humanitarian emergencies. Spring Break (March 6 – 10, 2017)

GH 512: Health in Humanitarian Emergencies

Spring. The course covers the technical and management principles that are the basis of planning, implementing, and evaluating health programs for acutely displaced populations in developing countries. It emphasizes refugees in camp situations. It includes modules on assessment, nutrition, and epidemiology of major health problems, surveillance, and program management in the context of an international relief operation. January Break (Jan 3 – 6, 2017)

GH 531: Mental Health in Humanitarian Emergencies

Fall. Prerequisite: GH 510 and GH 512. This course covers essential principles necessary to understand and address mental health issues in complex humanitarian emergencies. Using epidemiological and ethnographic approaches, the course highlights: mental health surveys, outcome evaluation methods, best practices and evidence-based interventions for beneficiary populations, and preparation and training for emergency responders and aid workers. October 28 – 29, 2016

GH 532: Risk Communications for Global Public Health Emergencies

Spring. This course encourages and facilitates improved risk communication for public health emergencies among public health authorities and partner organizations through the building of risk communication core capacities as part of the surveillance and response requirements of the International Health Regulations (IHR). Concepts of risk communication are taught through scenario-based exercises. September 24 – 25, 2016

GH 533: Preparedness and Planning for International Emergencies

Spring. This course covers the essential principles of emergency preparedness and planning in the international context. Students are exposed to concepts of Sphere standards, cluster system, ICS system, emergency operation plan development, and table-top exercises. The common pitfalls and challenges of emergency preparedness and planning are discussed. January 14 – 15, 2017

GH 538: Food and Nutrition in Humanitarian Emergencies

Fall. Prerequisites: BIOS 500, EPI 530, GH 512. The course covers topics related to malnutrition during humanitarian emergencies, including acute malnutrition and micronutrient deficiencies. The course discusses how organizations decide when, what type and how much food to distribute during crisis. It addresses other programs that are used to prevent malnutrition, how organizations concerned with nutrition evaluate nutritional status in individuals and populations and the various types of feeding programs that are implemented in emergency situations. The course includes practical field exercises on nutrition as well as visits by guest practitioners from the field. Tentative Date: January 4 – 6, 2017

GH 578 (2) Logistics Operations in Humanitarian Emergencies

Fall. Logistical pre-planning will identify intervention opportunities and mobilize existing logistics' capacity to leverage more effective services for the existing health care infrastructure for humanitarian relief. In this course, students will become familiar with logistics tools, reports, and methodologies available for enhancing health care response needs during complex humanitarian emergencies. Logistics is critical for efficient emergency deployment and sustainability during all stages of complex humanitarian health response.

Usually, little thought is given to logistics during the "ramp-up phase" of a humanitarian response because of the speed at which response efforts take place causing greater inefficiencies during the actual response. If many of the logistical considerations and needs were accomplished in advance of a CHE response and then tailored to fit the specific needs of the situation at hand, health care response programs would run more smoothly and avoided the added cost of considering logistics last minute. Examples will be used to illustrate the need for logistical planning, especially from disasters in the Philippines, Haiti, Angola, Kenya and Syria.

Fall semester, annually