

Health

Disasters and subsequent displacement can affect the health of affected populations directly through injury and psychological trauma, or indirectly through malnutrition, spread of disease and decreased access to health services.

Health problems common to all disasters include climatic exposure, risk of communicable disease, poor nutrition, mental health and social reactions. Priority should be given to addressing the main causes of excess mortality and morbidity but also rebuilding disaster-resilient health facilities.

Direct disaster impacts on public health

Injury and trauma due to:

- falling, crushing, falling objects, heat/cold exposure, search and rescue
- conflict e.g. gunshots, mine or bomb blasts, amputations
- post-disaster violence/tension e.g. SGBV, aggravated assaults

Mental health - Refer to 'Mental Health and Psychosocial Support' page

Indirect disaster impacts on public health

Communicable diseases - Refer to 'Hygiene Promotion' page

Diarrhoeal diseases, acute respiratory infections, measles and vector-borne diseases can contribute to excess mortality and morbidity. Strategies to mitigate the risks include:

- Address environmental health risks e.g. vectors, contaminated water
- Shelter planning e.g. avoiding overcrowding, effective ventilation, drainage
- Enable access to and adequate quantities of safe water
- Provide sanitation services and measures to address unsafe practices
- Support public health information in relation to disease outbreaks, control and treatment
- Develop procedures for detection, monitoring and control of outbreaks
- Immunise against measles and other preventable diseases

Sexual and reproductive health (RH)

Disasters can severely disrupt RH services and contribute to increased sexual and gender-based violence (SGBV). Immediate priorities may include:

- prevention and addressing the consequences of SGBV,
- preventing excess neonatal and maternal morbidity and mortality,
- reducing HIV transmission and planning for more comprehensive RH services e.g. improved access and quality of primary health care. See [UNFPA MIS Package](#), 2015.

Nutrition - Refer to 'Nutrition' page

International health care standards & surveillance

Sphere Minimum Standards in Health Action:

<http://www.spherehandbook.org/en/how-to-use-this-chapter-4/>

Child Growth Standards and identification of severe acute malnutrition in infants and children: <http://www.who.int/childgrowth/en/>

Disease Outbreak news: <http://www.who.int/csr/don/en/>

Weekly Epidemiology report: <http://www.who.int/wer/en/>

Support existing health systems and coordinate essential health service provision:

- **Collect and analyse data** on health problems and risks with local health authorities.
- **Prioritise** health services that address main causes of mortality and morbidity.
- **Build on and strengthen existing health services** and referral systems at the appropriate level(s) e.g. national, district, and community.
- **Observe national protocols and guidelines** e.g. for case management, in addition to international standards.
- **Coordinate health care provision** with health authorities and other agencies e.g. through the Health Cluster.
- **Use and support existing health information management systems** and share information and surveillance data with health cluster, authorities and others.

Additional resources on All In Diary website:

First Aid in Armed Conflicts & other violent situations ©ICRC 2010
Emergency Risk Management for Health © WHO 2012
Management of dead bodies after disasters, 2nd ed © PAHO 2016

Web links for further information

WHO - <http://www.who.int/hac/techguidance/en/>
PAHO: <http://www.paho.org/hq> MSF: <http://www.refbooks.msf.org/>
Health Cluster: http://www.who.int/hac/global_health_cluster/en/
http://www.hesperian.org/publications_download.php#hiv