

# Health services



**Disasters almost always have significant impacts on the public health and well-being of affected populations – both direct (e.g. injury, psychological trauma) or indirect (e.g. disease, malnutrition)**

Public Health Impact of Selected Disasters					
Effect	Complex emergencies	Earthquakes	High Winds (without flooding)	Floods	Flash floods/tsunamis
Deaths	Many	Many	Few	Few	Many
Severe injuries	Varies	Many	Moderate	Few	Few
Increased risk of communicable diseases	High	Small	Small	Varies	Small
Food scarcity	Common	Rare	Rare	Varies	Common
Major population displacements	Common (may occur in heavily damaged urban areas)	Rare	Rare	Common	Varies

Adapted from Pan American Health Organisation, Emergency Health Management After Natural Disaster., 1981

## Health systems and infrastructure (p259)

People have access to health services that:

- are **prioritised** to address the main causes of excess mortality (death) or morbidity (incidence of disease)
- support existing health systems**, structures and providers
- are **coordinated** across agencies and sectors to achieve maximum impact
- based on relevant **primary health care** principles
- clinical services** are standardised and follow accepted protocols and guidelines
- the design and development of health services are guided by ongoing coordinated collection, analysis and utilisation of relevant **public health data**

## Control of communicable diseases (p274)

- access to information and services designed to **prevent** communicable diseases
- all children aged 6 months to 15 years have immunity against **measles**
- access to effective **diagnosis and treatment** for those infectious diseases which contribute most significantly to preventable excess morbidity and mortality
- measures taken to **prepare** for and respond to **outbreaks** of infectious diseases
- outbreaks** of communicable diseases are **detected, investigated and controlled** in a timely and effective manner
- people have access to minimum package of services to prevent transmission of **HIV/AIDS**

## Control of non-communicable diseases (p 286)

People have access to:

- appropriate services for the management of **injuries**
- minimum Initial Service Package (MISP) for their **reproductive health** needs
- social and mental health** services
- essential therapies to prevent death from **chronic disease**

Page references refer to the Sphere Handbook – use the standards, key indicators and guidance notes in assessments, problem analysis, programme planning, monitoring and evaluation.

### All In Diary CD Resources:

© ENN (2006) Infant & Young Child Feeding in Emergencies, IFE Core Group

© PAHO (2006) Management of Dead Bodies after disasters,

### Web links for further information

[www.cdc.gov](http://www.cdc.gov) ; [www.cred.be](http://www.cred.be) ; [www.ifrc.org](http://www.ifrc.org) ;  
[www.who.int](http://www.who.int) ; [www.pano.org](http://www.pano.org)  
<http://www.sphereproject.org>

### Sample Key indicators



### Health Systems

- Ministry of Health** reps lead the health sector response whenever possible
- Services & interventions** are socially and culturally acceptable, and use appropriate technology
- Presence of female health worker** to encourage women
- Adequate clinical staff** to handle not more than 50 patients/day

### Control of Communicable Diseases

- Measures developed** in coordination with WASH, Shelter and Food Security
- Report suspected outbreak** within 24 hours
- Populations <30,000, 5 cases/week or doubling of cases over 3 weeks confirms an outbreak**

### Control of Non-Communicable Diseases

- Standardised system of triage** is established
- Affected population** have access to ongoing, reliable information on the disaster & relief efforts
- As soon as possible, children** have access to schooling and recreation

WHO are the UN Lead Agency for the Health Cluster



Pages, resources and updates are also downloadable from [www.allindiary.org](http://www.allindiary.org)

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