Typical Damage, loss and needs in the health sector

Application to food security crises caused by drought

Recovery needs, and building back better
EFFECTS ON SERVICE DELIVERY

- # and % of different levels and types of health facilities, partial/fully damaged, partial/fully functional
- Disaster specific increased health needs: injuries, increase in mental health problems, increase in malnutrition
- Overall increased disease burden and subsequent higher number of patients
- Effects of interruption of services (incl. MCH, HIV, TB, NCD, EmONC, etc)
- New and increased barriers to access services: geographic, reduced ability to pay, etc
- Effects on supply chains, local production of pharmaceuticals
- Effects of human resources for health
  - Deaths and injured among health workers
  - Absenteeism, ability to return to work (their own house damaged)
- Increased risks for epidemic diseases, environmental health risks

Damage and Loss in the Health Sector

**Damage**
- Costs for repair and/or reconstruction of infrastructure (hospitals, health centers, health posts, warehouses, laboratories, infrastructure for health authorities and public health institutes)
- Costs for replacement of assets
  - Equipment and furniture
  - Medical supplies
- Damage to schools and universities for health workers is normally included under education
- Pharmaceutical factories covered under industry

**Loss**
- Higher-than-normal costs of health care due to:
  - Temporary/mobile health facilities
  - Increased number of patients
  - Short and long term care for trauma, disabilities and psychological care
  - Tracing and case finding
- Costs for coordination and disaster management
  - Costs for EWARS, HeRAMS
- Additional costs for prevention campaigns and health promotion
- Additional expenditures to control possible epidemics
- Revenue losses in damaged facilities, or due to suspension of user fees
- Revenue loss for health insurance funds
Non-economic loss Health

*Increase in Burden of Disease*, estimated in DALYs

*Delays or disruptions* in meeting Health related SDGs, or specific national health development goals:

- Regression in Universal Health Coverage (UHC)
- Women unable to seek reproductive health services and safe deliveries
- Increases in malnutrition
- Interrupted TB and HIV goals

El Niño’s Likely Multi-Sectoral Impacts

Droughts and flooding may cause both water- and vector-borne disease outbreaks, as well as damage or closures of health facilities. This in turn would reduce regular health service delivery and restrict access to healthcare.

Population displacements and related overcrowding in locations hosting IDPs may also further increase the risk of outbreaks of infectious diseases.

Source: WHO
A strong health response is essential to avert excess morbidity and mortality in a food insecurity crisis.

Increasing risks, diminishing resilience

- Increase in acute and chronic malnutrition (wasting and stunting)
- Catastrophic synergy malnutrition and disease
- Increased financial barriers; treatment foregone or interrupted
- Increase complications pregnant and lactating women, and childbirth → anaemia, premature births, low birth weight
- Increased complications for people with NCDs → Diabetis, hypertension/CVD
- Reduced access to clean water → waterborne disease
- Displacement → compromised living conditions, interrupted treatment
- Conflict over resources → violence, trauma
- Behaviour change → GBV, sex for food
- Spikes of outbreaks – measles, meningitis, cholera, malaria, yellow fever

Current work on health during chronic food insecurity vs acute food insecurity

- More emphasis on early detection of risk factors, prevention, risk reduction
- Preparedness for when chronic becomes acute: ability to repurpose and scale up
Building Back Better and Resilience

- Safe hospitals: climate resilient, 'all hazard' building codes, retrofitting
- Rationalising (relocating, right-sizing, merging), modernising and/or reforming health facility network, adapt to new models of care, ability to repurpose and surge, 'green' hospitals
- Address possible pre-existing constraints in coverage and performance of service delivery, health risk reduction
- Strengthen epidemic early warning and surveillance
- Improving all hazard disaster risk management capacity in MoH and national emergency medical teams
- Health system resilience:
  - Invest in Essential Public Health Functions
  - Increase coverage and quality of health services, PHC approach, and risk management within service delivery
  - Ability for surge capacities while maintaining regular essential services safely, and introduce public health and social measures

→ Alignment to ongoing health sector reforms,
→ Feeding into National Action plans for all hazard Health Security

Questions?