Health conditions and psychosocial well-being are key determinants of the resilience of individuals and communities. Healthy people are more productive, more self-reliant and more mobile, and, therefore, more able to anticipate, resist and recover from the impacts of natural and man-made hazards. With more and more people settling in urban and densely populated areas, pressure on limited health infrastructure and exposure to health risks is increasing.

Disasters and disaster-induced displacement can represent a major obstacle to accessing essential preventive, curative and rehabilitative health services and facilities and, therefore, can impact the physical and psychological status of the affected population. Preventing and mitigating the impacts of disasters on health facilities and preparing health systems for emergency situations is critical in reducing risk.

**Actions**

- Reduce disaster risk by strengthening the capacities of health systems, enhancing access to water, sanitation and hygiene facilities and increasing awareness of health risks and prevention measures before, during and after migration crises.
- Prepare health systems for disaster situations by ensuring that key facilities are safe from hazards and that they have sufficient capacity to address the increased demand for services in times of crisis (e.g. by pre-positioning supplies in partnership with other health actors).
- Identify vulnerable individuals whose health status represents an obstacle to mobility (e.g. people living with disabilities and chronic illnesses) and adequately assist them in managing their relocation or evacuation, whether planned or spontaneous.
- Assist people on the move by providing adequate access to health care, facilities and education, especially in displacement sites, where crowded and often precarious living conditions can allow for the rapid transmission of communicable diseases, including waterborne diseases and sexually transmitted infections.
Ensure continued health care for people on the move with chronic medical conditions and disabilities throughout all phases of a crisis.

Address and prevent malnutrition in emergencies; ensure access to vaccinations; and link health with protection issues and the prevention of sexual and gender-based violence.

Confront the psychosocial and well-being impacts of disasters and displacement by providing adequate assistance, counselling and referral to support services during and after crises, especially to the most vulnerable individuals.

Ensure the adequacy of health care and facilities (and restore and enhance existing ones) when planning for solutions to displacement, in order to provide sufficient assistance to returnees and newcomers; maintain the quality of the services provided to the host community; and, ultimately, to avoid the creation of vulnerability conditions.

CASE STUDY 27: Supporting health services before, during and after crises in Haiti

Over the past three years, Haiti was struck by a destructive earthquake (2010), a cholera epidemic (2010–2013) and several tropical storms and hurricanes (2010 and 2012). The combination of these disasters, widespread poverty and a protracted displacement crisis has resulted in acute vulnerabilities and significant exposure to health risks among the Haitian population, specifically IDPs living in camps in urban areas.

IOM supports the efforts of the Ministry of Health in bridging critical gaps in public health and psychosocial support services. As the lead agency of the Camp Coordination and Camp Management Cluster, the Organization uses a “continuity of care” approach by providing preparedness, prevention, health care and psychosocial support to vulnerable persons remaining in camps and those returned to their communities of origin. During the 2012 hurricane season, and, specifically, during Hurricane Sandy (in October 2012), the IOM Haiti Health Unit played an essential role in supporting IDPs before, during and after the hurricane struck.

Such support took many forms: training of community health workers in the preparation for, response to and surveillance of cholera outbreaks; referral to health-care facilities for the treatment of other health issues; identification of vulnerable persons living in camps; provision of effective needs-based assistance such as transportation; and improved access to health-care services for treatment and follow-up. Additional assistance was provided to the population – including women – through preventive measures, for example, by conducting health education sessions and distributing health messages in the Chimen Lakay brochures and pamphlets (see the Haiti country profile for more information on this). This comprehensive approach allowing for the provision of health assistance before, during, and after a crisis has proven particularly effective in reducing health risks faced by disaster-affected populations.