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| [Insert country name] Public Health Situation Analysis (PHSA) – Long-form  | Last update: [select the date] |
| **WHO INTERNAL/EXTERNAL VERSION (DELETE AS APPROPRIATE**)Initiated by: [ ]  Country Office [ ]  Regional Office [ ]  HQ  |
| **Typology/ies of emergency** | **Main health threats** | **UN response level** | **WHO grade** | **Security level** | **INFORM risk (rank)** |
| [Insert the images describing the typology(ies) of the emergency] [OCHA humanitarian icons v.02](https://thenounproject.com/ochavisual/collection/ocha-humanitarian-icons-v02/) | [Click and type a list of the key threats e.g. communicable diseases, …] [List of pandemic, epidemic diseases](http://www.who.int/emergencies/diseases/en/) | [Click here and type the UN level of response][UN response levels online](http://www.unocha.org/where-we-work/current-emergencies) | [Click here and type the WHO grade] [WHO graded countries](http://www.who.int/emergencies/crises/en/) | [Click and enter text.][UN security levels](https://trip.dss.un.org/dssweb/WelcometoUNDSS/tabid/105/Default.aspx?returnurl=%2fdssweb%2ftraveladvisory.aspx) | [Click and enter risk score and global rank][Inform](http://www.inform-index.org/Countries/Country-profiles) Index |

Insert Picture

# Executive Summary

# Acronyms and abbreviations

|  |  |
| --- | --- |
| Example |  |
| **EPI** | Expanded Programme on Immunization |
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Preface

Public health threats represent a significant challenge to those providing health-care services in a crisis. The health issues and risk factors addressed in this document have been selected on the basis of the known burden of disease in this country, crisis-emergent health issues, and their potential impact on morbidity, mortality, response and recovery. It is hoped that this PHSA will facilitate the coordination of activities among all agencies working with the populations affected by the crisis. The document contains a short summary of the crisis, health status of and threats to the affected population, health system needs, humanitarian health response, and information gaps. This document presents the best available data at the time of publication, and may be updated, as needed.

## Summary of the crisis

### Key features

|  |  |
| --- | --- |
| **Location (country, region):**  | [Click here to enter text.] |
| **Start date of crisis:**  | [Click here to enter text.] |
| **Typology:**  | [Click here to enter text.] |
| **Brief description of event:** | [Click here to enter text.] |
| **Operational constraints:**  | [Click here to enter text.] |

### Humanitarian profile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Image result for humanitarian dead icon |  |  |  |  |
| **000****million** | **000****million** | **000****million** | **000****million** | **000****million** | **000****million** | **000****million** |
| Affected population | POPULATION IN NEED OF HUMANITARIAN ASSISTANCE | DEATHS | INJURIES | NUMBER OF idpS | RETURNEES | REFUGEES |

### People in need of health services

## Health status and threats

### Population mortality

### Vaccination coverage

### Priority health threats

Table 1 summarises the current analysis of the magnitude (in terms of excess morbidity and mortality) of different health problems impacting the crisis-affected population, grouped into major disease types. Changes in the projected magnitude of these problems are also shown: these assume that the humanitarian health response (availability, coverage, quality) remains unchanged from its current status. **Table 1a covers expected physical health issues, and Table 1b covers acute psychological distress, chronic mental health problems, and psychosocial support problems.**

Table 1a. Magnitude1 of expected physical health threats and their expected evolution over time2.

| **Health problem** |  |
| --- | --- |
| **Months starting now** | **1** | **2** | **3-6** | **6-12** |
| **Worse outcomes in:**  |
| Sexual health |  |  |  |  |
| Reproductive health |  |  |  |  |
| **Worsening:**  |
| Malnutrition |  |  |  |  |
| Child health |  |  |  |  |
| **Increased burden of endemic infectious diseases: (Add or remove as applicable)** |
| Malaria |  |  |  |  |
| … |  |  |  |  |
| **Risk of epidemics: (Add or remove as applicable)** |
| Measles |  |  |  |  |
| Diphtheria |  |  |  |  |
| Cholera / Acute watery diarrhea |  |  |  |  |
| Vector-borne diseases (e.g. dengue, chikungunya) |  |  |  |  |
| … |  |  |  |  |
| **Increased burden of:** |
| HIV |  |  |  |  |
| TB |  |  |  |  |
| **Increased burden of:** |
| NCDs |  |  |  |  |
| Technological and environmental health risks |  |  |  |  |
| **Trauma:** |
| Crisis-attributable injuries |  |  |  |  |
| Violence against children |  |  |  |  |
| Gender-based violence |  |  |  |  |

1 Red: **Very high risk**. Could result in high levels of excess mortality/morbidity.

Orange: **High risk.** Could result in considerable levels of excess mortality/morbidity.

Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity.

Green: **Low risk.** Will very probably not result in any excess mortality/morbidity.

Grey: No plausible assessment can be made at this time.

2 Changes in risk over time shows the expected progression after an acute onset emergency,
 or predicable seasonality of morbidity.

### Sexual and reproductive health

Sexual health

Reproductive health

### Malnutrition and child health

Malnutrition

Child health

*Acute respiratory infections*

*Anaemia*

*Breastfeeding*

### Endemic infectious diseases

Malaria

Others (as relevant)

### Epidemic-prone diseases

Surveillance/early warning, alert and response capacity

Measles

Diphtheria

Cholera / acute watery diarrhoea

Vector-borne diseases (e.g., dengue, chikungunya)

Others (as relevant)

### Tuberculosis and HIV

Tuberculosis

HIV

### Non-communicable diseases

Chronic diseases

Technological and environmental health risks

### Trauma

Crisis-attributable injuries

Violence against children

Gender-based violence

**Table 1b. Magnitude of expected mental health and psychosocial support problems and their expected evolution over time.**

| **mental health, aND PSYCHOSOCIAL SUPPORT** |
| --- |
| **Months starting now** | **1** | **2** | **3-6** | **6-12** |
| Acute psychological distress |  |  |  |  |
| Exacerbation of chronic mental health problems |  |  |  |  |
| Psychosocial support problems |  |  |  |  |

Red: Could result in high levels of excess mental health/psychosocial support problems.

Orange: Could result in considerable levels of excess mental health/psychosocial support problems.

Yellow: Could make a minor contribution to excess mental health/psychosocial support problems.

Green: Will very probably not result in any excess mental health/psychosocial support problems.

Grey: No plausible assessment can be made at this time.

### Mental health and psychosocial support

Acute psychological distress

Exacerbation of chronic mental health problems

Psychosocial support issues

### Health Determinants

Water, sanitation and hygiene (WASH)

Food security

Shelter

Security

Other determinants (as relevant)

## Health system needs

### Disruption of key health system components

**Various disruptions of the local health system continue to affect delivery of preventive and curative health services. These are summarised in Table 2**

|  |
| --- |
| **Disruption** |
| **Months starting now** | **1** | **2** | **3-6** | **6-12** |
| Access to healthcare |  |  |  |  |
| Disrupted management |  |  |  |  |
| Reduction in financing |  |  |  |  |
| Inability of non-state providers to maintain services |  |  |  |  |
| Supply (including pharmaceutical) chain disruption  |  |  |  |  |
| Degraded alert and response |  |  |  |  |
| Health workforce disruption |  |  |  |  |
| Damage to health facilities |  |  |  |  |
| Attacks against health |  |  |  |  |

Red: The majority of the health system feature / health service has been or could be rendered non-functional. Most people / patients do not have access to healthcare. A major reduction in health service coverage or quality could occur.

Orange: A substantial minority of the health system feature / health service has been or could be rendered non-functional. A substantial minority of people / patients do not have access to healthcare. A moderate reduction in health service coverage or quality could occur

Yellow: A small minority of the health system feature / health service has been or could be rendered non-functional. A small minority of people / patients do not have access to healthcare. A small reduction in health service coverage or quality could occur

Green: The vast majority or entirety of the health system feature / health service is very probably still as functional as before the crisis. No risk factors for reduction in health service coverage or quality have been identified

Grey: No plausible assessment can be made at this time

### Access to healthcare

### Disrupted management

### Reduction in financing

### Inability of non-state providers to maintain services

### Supply (including pharmaceutical) chain disruption

### Degraded alert and response

### Health workforce disruption

### Damage to health facilities

### Attacks against health

## Humanitarian health response

### Health response organization / coordination

### Availability / functionality of humanitarian health resources

### Facilities data (e.g., HeRAMS)

### 4Ws Matrix

### Humanitarian health system performance

### Utilisation of services

### Quality of humanitarian health services

## Information gaps

|  |  |  |
| --- | --- | --- |
|  | Gap  | Recommended tools / guidance for primary data collection |
| Health status and threats  |  |  |
|  |  |
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| Health System Needs |  |  |
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| Health response organization / coordination |  |  |
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| Availability / functionality of humanitarian health resources |  |  |
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| Humanitarian health system performance  |  |  |
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## Additional Resources

### Key documents

### Health cluster contacts and report contributors