Access to basic health services in addition to appropriate sanitation and clean water is critical to prevent the occurrence of disease outbreaks. In countries with high morbidity, such as the Democratic Republic of the Congo, Chad, Madagascar and South Sudan, around 60 percent of households or more did not have access to at least basic drinking water services.

**Limited access to basic services increases vulnerabilities**

During emergencies, shocks that influence food systems, including conflict/insecurity, weather extremes (drought/floods), economic shocks, crop pests and disease, affect availability and access to nutritious foods for children and pregnant and lactating women. Food production, storage, processing, distribution and markets may be disrupted during crises, making it more difficult for these groups to meet their dietary needs.

Access to basic health services is critical to prevent the occurrence of disease outbreaks. High rates of illness compromise the nutritional status of the population, particularly children and pregnant and lactating women.

In food-crisis countries, often a lack of safe water and sanitation increases the likelihood of disease outbreaks. In the Democratic Republic of the Congo, Chad, Ethiopia, Madagascar and South Sudan around 60 percent of households or more did not have access to at least basic drinking water services.

Furthermore, people usually have limited economic access to health services or health systems have collapsed – with lack of infrastructure, medicines, equipment and trained staff.

In Somalia, the 2019 floods, coupled with impaired health systems among IDPs and other populations affected by conflict, have resulted in cholera and measles outbreaks throughout the year, negatively affecting the nutrition status of children. There were also measles outbreaks in Chad and the Democratic Republic of Congo, and cholera outbreaks in Ethiopia, Mali, Yemen and the Democratic Republic of the Congo, which also had the world’s second biggest ever Ebola outbreak.

Children in food crises are often not able to access preventive services such as micronutrient supplementation and immunization programmes, increasing the risk of them becoming malnourished.