

The health situation in the Gaza Strip

Report by the Secretariat

1. This report outlines the health situation, in terms of the pressing humanitarian needs, and the health-sector responses.

HEALTH SITUATION

Casualties

2. According to the Palestinian Ministry of Health between 27 December 2008 and 18 January 2009, at least 1300 people had been killed, including 410 children and 104 women, with some 5300 injured, including at least 1855 children and 795 women. Many injured and chronically ill patients have been unable to reach hospitals because of movement restrictions. The United Nations Office for the Coordination of Humanitarian Affairs estimates that tens of thousands of people have fled their homes. As of 18 January, UNRWA had established at least 50 emergency shelters for nearly 50 000 people. Many displaced people have taken shelter with other families.

3. The health ministry has reported that 13 health personnel have been killed and another 22 injured while on duty.

Damage to health facilities

4. According to the Palestinian Ministry of Health, at least 21 incidents of direct and indirect damage to health facilities have been recorded since 27 December, and at least 16 ambulances have been damaged or destroyed. Several facilities have been hit more than once, and a count is under way to confirm the exact number of facilities that have been damaged during the recent violence.

Damage to United Nations facilities

5. UNRWA's compound, where 700 civilians have taken refuge, was hit by shelling on 15 January, injuring three people. Attempts to stop the resulting blaze in UNRWA's warehouse and workshop had to be called off. The pharmacy and administrative buildings of the nearby Al-Quds hospital were also hit, raising concerns the fire might spread to the hospital itself.

Electricity, fuel, food and water supplies for health facilities

6. Many health centres, including the main hospital, Shifa, have relied entirely on generators for most of the conflict. Health facilities are now receiving mains-supply electricity between 12 and 16 hours a day. Fuel supplies for the generators were dangerously low but have recently been replenished. UNRWA and WHO are working to ensure that hospitals continue to receive adequate fuel supplies. It is not yet known whether hospital food supplies, which are provided by UNRWA, will be affected by the fire in its warehouse.

Hospital bed capacity and occupancy rate

7. The Gaza Strip has 27 hospitals, 13 of which are managed by the Palestinian Ministry of Health, with a capacity of about 1500 beds. Private hospitals and those run by nongovernmental organizations together provide another 500 beds. Emergency admission rooms, intensive care units and operating theatres have been under enormous pressure, particularly at the Shifa Hospital, which has received the most severely injured patients. Its intensive-care unit is operating at full capacity, with patients admitted as fast as they can be moved out. The ability to discharge patients quickly has been essential to enable the hospital to cope. The hospital continues to try to keep the total bed occupancy rate below 75% in order to allow space for urgent and emergency cases.

Referrals and evacuations outside the Gaza Strip

8. A well-functioning system for patient referral is essential; in 2007, the Palestinian Ministry of Health referred between 700 and 1000 patients for treatment abroad each month.¹ As a result of the conflict, this system has been severely disrupted. Only 442 patients have been evacuated across the Rafah border since 27 December 2008, most for injuries and some for chronic conditions. The Palestinian Ministry of Health reported that, as of 12 January, the Israeli authorities had approved seven out of 20 requests to evacuate chronically ill patients through the Erez crossing point, but these patients are still waiting to cross the border.

Primary health care centres

9. Of the 58 primary health-care centres managed by the Palestinian Ministry of Health, only 37 were functioning sporadically as of 15 January. Many of these centres remain closed because of damage or security concerns, and 10 have been converted into emergency treatment centres. Many staff members have been redeployed to help in hospitals or have been unable to reach the centres because of the conflict. About 70% of chronically ill patients have interrupted their treatments and are no longer attending these centres.

10. On 13 January, the vaccination programme restarted, with the help of UNRWA, and was working at 45% to 50% capacity in most areas. UNRWA reopened two primary health-care centres on 12 January. Three centres managed by UNRWA in high-risk areas remain closed.

¹ Either to Egypt or elsewhere, via Egypt or Israel.

Major health concerns

11. The major health concerns are as follows:

- **Crucial shortages in life-saving supplies.** Many donations are held up at the border because of security constraints.
- **Exhausted health-care workers.** Support is urgently needed for the medical teams in the Gaza Strip who have been working continuously since the conflict began.
- **Weakened surveillance system.** The nutritional and disease surveillance systems have ceased to function. Laboratory services have been discontinued owing to lack of electricity, staff and laboratory reagents.
- **Interrupted vaccination programmes.** Reduced vaccination coverage could result in outbreaks of disease, a risk exacerbated by the high population density and dire living conditions.
- **Disrupted mental health programmes.** The community health programme in the Gaza Strip has been suspended after severe damage to its premises and because the health ministry programme is not functioning at full capacity.
- **Public health care and public health services halted.** Antenatal care, nutritional and disease surveillance, school health services, preventive medicine and other health ministry programmes have mostly ceased to function. Many chronically ill patients have interrupted their treatments.
- **Disrupted waste management.** Sewage treatment plants have been out of operation for many months because of electricity rationing, leading to severe coastal pollution and accumulation of sewage in lagoons, some of which are reported to be at bursting point. No rubbish has been collected since the beginning of the conflict.

Medical supplies

12. Even before the conflict began, there were severe shortages of pharmaceuticals, consumables, spare parts and equipment. More than 100 essential medicines and more than 230 consumables were out of stock. WHO has subsequently coordinated, organized and facilitated the delivery of substantial volumes of supplies in order to redress shortages and meet needs on the ground. These supplies, in the form of 50 surgical kits and nine interagency emergency health kits, have come from the Palestinian Ministry of Health in Ramallah, donors and WHO, with financial support from Norway.

HEALTH-SECTOR RESPONSE

Coordination

13. WHO, as lead agency of the United Nations Inter-Agency Standing Committee's Health Cluster, is coordinating the international emergency health response through its offices and operational hubs in Jerusalem, Gaza City, Rafah, Cairo and Geneva. WHO regularly consults its Health Cluster partners and the Palestinian Ministry of Health, and has set up a joint operations room with the

Ministry in Ramallah. It has reported daily on the health situation from its office in Gaza City and has coordinated the provision of immediate support wherever possible.

14. The overall objective of the health response is to reduce preventable mortality and morbidity caused by the conflict.

WHO's actions to date

15. WHO has:

- maintained a presence on the ground in the Gaza Strip and kept the office open and functioning despite security concerns;
- maintained constant contact with the Palestinian Ministry of Health and main health facilities in the Gaza Strip in order to monitor the health situation and report on immediate needs;
- coordinated, organized and facilitated the delivery of all health supplies entering the Gaza Strip through Israel from the Palestinian Ministry of Health, Member States, organizations in the United Nations system and nongovernmental organizations;
- deployed a Health Cluster coordinator, two logisticians, a communications specialist, and a technical officer in order to support operations. WHO's Regional Office for the Eastern Mediterranean has deployed three technical officers to the Rafah border and plans to deploy additional staff once a ceasefire has been agreed;
- assigned a senior surgeon from the Regional Office for the Eastern Mediterranean to the Rafah border to help with the triage and referral of patients;
- liaised with the Israeli authorities to ensure that humanitarian health needs are given priority and essential supplies allowed to be delivered. WHO has also advocated access to, and protection of, staff and facilities;
- provided support, with partners, to the Palestinian Ministry of Health central store in the Gaza Strip by renting a large additional warehouse for receipt of the many donations and by providing additional logisticians, lorries, computers and forklift trucks;
- briefed the Humanitarian Coordinator, members of the United Nations Country Team, health partners, donors and other stakeholders on the evolving situation and health-sector's priorities;
- revised the Consolidated Appeal for the occupied Palestinian Territory 2009 so as to reflect immediate humanitarian needs as a result of the conflict; WHO's additional requirements amount to US\$ 13.3 million;
- prepared a "concept of operations" paper and shared it with donors;
- issued daily situation reports and three press statements;
- secured a donation from Norway of 34 surgical kits and nine interagency emergency health kits.

WHO's response plans

16. WHO is supporting the Palestinian Health Ministry's operations room in Ramallah in planning the following activities:

- (a) providing appropriate care to injured patients, by:
 - supporting the triage and referral of critically wounded and other patients
 - facilitating the deployment of replacement medical teams, equipment and supplies
 - strengthening infection control in hospitals and emergency centres and providing antibiotics and tetanus vaccines;
- (b) ensuring that critical and basic health needs are met, by:
 - undertaking rapid health assessments at various health system levels
 - supporting management of the chronically ill
 - establishing/strengthening supply monitoring systems
 - producing regular health information reports and strengthening Health Cluster coordination;
- (c) supporting psychosocial relief activities, by:
 - providing basic mental health and psychosocial services;
- (d) preventing and responding to epidemic outbreaks, by:
 - strengthening the surveillance system
 - enhancing laboratory capacities and providing laboratory supplies
 - pre-positioning medical supplies for outbreaks.

Health recovery plans

17. WHO is liaising with other bodies in the United Nations system, World Bank and other bilateral partners in order to adopt a coordinated approach through a mission to assess needs for recovery and reconstruction following the ceasefire and supporting strategic planning processes for recovery and reconstruction.

18. WHO has highlighted the fact that plans for restoring the health system will need to include:

- physical reconstruction and rehabilitation of the damaged health infrastructure;
- restocking of essential equipment and supplies and rebuilding the system for maintenance and provision of spare parts;

- establishment of an effective referral system for those needing care outside the Gaza Strip;
- psychosocial needs, especially among children;
- appropriate rehabilitation of disabled people including children.

ACTION BY THE EXECUTIVE BOARD

19. The Board is invited to note this report.

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