

## **Report of the specialized health mission to the Gaza Strip**

1. At its 124th session the Executive Board adopted resolution EB124.R4 which, inter alia, requested the Director-General to dispatch a specialized health mission to identify the urgent health and humanitarian needs and assess the destruction of medical facilities that has occurred in the occupied Palestinian territory, particularly in the Gaza Strip, and to submit a report on the current, medium- and long-term needs and the direct and indirect effects on health of the Israeli military operations to the Sixty-second World Health Assembly.

### **ASSESSMENT AND EXTENT OF THE DESTRUCTION**

2. Fifteen of the 27 hospitals were damaged during the three-week assault, and at least 43 primary health centres were damaged or destroyed (24 were fully or partly closed during the three weeks of attacks). Al Quds Hospital was heavily damaged, with one ward totally destroyed and other areas partly destroyed. Five hundred civilians who had sought refuge in the hospital and some 50 patients had to be evacuated onto the street in the absence of a coordinated ceasefire. Al Wafa Hospital also suffered major destruction. A total of 16 health services staff were killed and 25 injured in the line of duty, and 29 ambulances were damaged or destroyed.

3. During the crisis only emergency surgery was carried out. In Shifa Hospital alone some 300 dead and wounded patients arrived during the first hours of the attack. The hospital mobilized 600 staff and 11 operating theatres, with operations being performed in corridors or wherever possible. In spite of the sudden and overwhelming burden of patients, the staff of the hospital coped well, with high standards of clinical management.

4. After initial treatment, 1053 seriously wounded patients were evacuated, the large majority for free-of-charge further treatment in Egyptian hospitals and the remainder (96 patients) to third countries. The evacuation was organized by the Palestinian and Egyptian Red Crescent Societies and the Egyptian Ministry of Health Rapid Response medical teams. Three victims were treated in Israel.

5. Electrical infrastructure was completely destroyed in many areas, and roads and bridges were damaged. Cultivated land, livestock, water wells and irrigation networks suffered extensive damage, as did the industrial, commercial and service sectors. There was extensive damage also to drinking-water and sewage systems.

6. Because of lack of available construction materials, the only repairs in damaged hospitals have been the replacement of broken windows with plastic sheeting.

## **DIRECT AND INDIRECT EFFECTS ON HEALTH**

7. As a result of the crisis, efforts to improve the health system have completely stalled. The system is rightly focused on primary health care, but the hospital infrastructure rather consists of many small hospitals and lacks important secondary and tertiary services, weaknesses that became even more evident during the current crisis.

8. Most public health functions, including the monitoring of communicable diseases, were suspended. Vaccination resumed after the ceasefire, and the risk of vaccine-preventable diseases should be low. The public health laboratory resumed its activities in water, food and sewage control, but it still lacks equipment and supplies. The epidemiological surveillance programme has been reactivated, but is still incomplete.

9. Health staff and the general public have expressed concern about the rather unusual clinical presentation in some of the wounded, and wonder whether this could be linked to the type of weapons used.

10. During the crisis, emergency medical teams and their ambulances experienced great difficulties in movement. Nevertheless, most of the injured were rapidly transported from the incident site to emergency rooms, in spite of the danger to the teams and their ambulance drivers.

11. More than 100 items on the essential medicines list were depleted before the attacks, with no buffer stocks for the remaining items. As the number of casualties mounted, the Ministry of Health, its health partners and external donors responded rapidly by delivering large volumes of supplies. However, the distribution of medicines to hospitals was difficult because of lack of freedom of movement and the pervasive insecurity.

12. Before the crisis 80% of the water supplied in the Gaza Strip did not meet WHO standards for drinking. During the attacks the water network was severely damaged, and as a result of damage to the waste treatment system the aquifer has been contaminated. This, as well as overcrowded dwellings, may increase the risk of epidemics with the arrival of the warmer season.

13. Insecurity and lack of fuel for rubbish collection trucks interrupted work, and the inaccessibility of waste disposal sites overwhelmed the solid-waste management sector. Sewerage networks and pumping stations at four locations – and one emergency sewage treatment plant – were damaged, resulting in waste water contaminating several areas.

14. Because of rising poverty and the blockade, Palestinians have reduced both the quality and quantity of their food intake. More than half the households are experiencing food insecurity, spending about two thirds of their income on food (the prices of which are rising rapidly). UNRWA's food programme provides only about 60% of the daily calorie needs of the one million refugees.

15. Humanitarian supplies are returning to about the same level as before the military operation; otherwise the blockade is almost total, making repairs and recovery virtually impossible.

16. Since 2006, the health effects of the blockade have included stagnating life expectancy, worsening infant and child mortality, and childhood stunting. The mental health of the trapped population is now affected; for instance, some 30% of school children show significant mental health consequences from their experiences, with potentially serious future implications in terms of loss of commitment, alienation, and destructive and violent behaviour.

## **URGENT HEALTH AND HUMANITARIAN NEEDS**

17. Current needs are as follows:

### **for the health sector**

- assess functional and infrastructural impact of the crisis, and rehabilitate damaged health facilities, water and sanitation infrastructure
- ensure effective coordination of immediate health response, including management of humanitarian supplies and medical donations
- support health delivery services, with special focus on care for the injured, chronic diseases, and secondary and tertiary care
- address priorities in primary health care – including vaccinations, disability and trauma rehabilitation, reproductive health, environmental health
- improve monitoring of health threats, health determinants and health-care delivery, as well as strengthening early warning/response for possible epidemics

### **for psychosocial support and mental health**

- assess the impact of the crisis, assure coordination for the sector between West Bank and the Gaza Strip and provide urgent repair to the health ministry's damaged mental health service
- provide technical guidance and logistic/operational/training support to existing mental health and psychosocial mechanisms in the Gaza Strip

### **for water, sanitation and hygiene**

- assess damage to, needs for repair of, and emergency provision for water and sanitation facilities
- undertake emergency repairs accordingly, both in households and to public networks
- improve sanitation and hygiene through provision of basic necessities and the creation of trained hygiene promoting community based health groups

### **for food security and nutrition**

- meet urgent basic food and nutritional needs, and improve food consumption for the population
- restore and protect endangered livelihoods, enhance household-level food security and promote restoration of the local economy
- ensure that food and food security assistance reach those most in need.

18. Some important health-related needs for the medium and long term are:

- developing an up-to-date disaster preparedness plan for the Gaza Strip as a whole and for its individual health institutions within that framework
- developing an area-wide strategic health development plan for the Gaza Strip, introducing a more regionalized, decentralized and powerful health service infrastructure with enhanced tertiary care capacity, an improved management system and a strengthened human resources development
- developing a plan for better care of the disabled, integrating medical, social and employment concerns with a strong local community programme ensuring a handicap friendly society.

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