

Strengthening and oversight of the WHO Health Emergencies Programme

Health conditions in the occupied Palestinian territory, including east Jerusalem

Report by the Director-General

1. This report is submitted to the Standing Committee on Health Emergency Prevention, Preparedness and Response (the Standing Committee) pursuant to resolution WHA77.16 (2024), in which the Health Assembly requested the Director-General “to report [...] on the public health implications of the catastrophic humanitarian crisis in the occupied Palestinian territory, including east Jerusalem, [...] and submit recommendations in this regard to the fifth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response and to the 156th session of the Executive Board and, to the Seventy-eighth World Health Assembly”. Pursuant thereto, this report provides a summary of WHO’s response to the impact of escalating hostilities and the resulting complex humanitarian crisis affecting the occupied Palestinian territory, including east Jerusalem. The report also discusses the health impacts of the crisis on Israel and Lebanon. Document EB/SCHEPPR/5/4 on WHO’s work in health emergencies provides more information on responses to other active acute and protracted emergencies.

2. Since 7 October 2023, the continued escalation of violence in the region, with the greatest impact in the **occupied Palestinian territory, including east Jerusalem**, has resulted in large numbers of civilian deaths, injuries and multiple displacements, which consequently led to the event being classified as a Grade 3 acute emergency on 17 October 2023. In response, incident management teams were established and coordination mechanisms for neighbouring countries set up, tasked with providing updates on the response actions taken, ensuring progress against the agreed operational priorities, and engaging in contingency planning and preparedness activities in areas at risk for further escalation in hostilities.

3. In November 2023, WHO published the first operational response plan for the occupied Palestinian territory covering the period from October 2023 to January 2024. The plan was subsequently extended until March 2024 to remain in line with the first occupied Palestinian territory Flash Appeal. WHO’s April–December 2024 operational response plan for the occupied Palestinian territory, including east Jerusalem serves as the current guiding document for WHO and health partners’ operations. The April–December 2024 plan focuses on health service delivery; public health intelligence, early warning, disease prevention and control; supplies and logistic support; partner coordination; and early recovery for Gaza, as well as the response plan for the West Bank. The current plan aims at mainstreaming early recovery and reconstruction into the humanitarian response by using the principles of the humanitarian-development-peace nexus. A readiness plan is also in place for

neighbouring countries, including Egypt, the Islamic Republic of Iran, Jordan, Lebanon and the Syrian Arab Republic, given the risk for spillover and further escalation of hostilities in those countries.

4. Since the start of WHO's response, there have been 163 surge deployments of personnel to support public health activities at the country and regional levels. As at 29 July 2024, WHO has received US\$ 98.9 million of the occupied Palestinian territory Flash Appeal, in addition to US\$ 51.4 million in firm pledges, which represents only 29.8% of funding received towards the WHO operational response plan until the end of 2024.

5. In the **Gaza Strip**, the impact of the current hostilities is unprecedented in terms of the scale of death, destruction and human suffering incurred. Between 7 October 2023 and 29 July 2024, at least 39 363 Palestinians died and 90 923 were injured, according to the Ministry of Health in Gaza. With approximately nine out of ten people in the Gaza Strip now internally displaced, ongoing hostilities and repeated displacement continue to erode people's ability to access humanitarian assistance and increase the population's vulnerability.¹ Food insecurity affects nearly all of the population (96%), with an estimated 2.15 million people facing crisis levels of food insecurity and 745 000 people facing emergency levels of food insecurity. About 50 000 children are estimated to need treatment for severe acute malnutrition in 2024.²

6. By the end of July 2024, an estimated 63% of all buildings, including dwellings, shops and infrastructure such as hospitals and schools, and 70% of water, sanitation and hygiene facilities across the Gaza Strip were damaged or destroyed.³ Damage to vital waste collection infrastructure has further exacerbated existing public health risks and raising new ones, significantly contributing to infectious disease outbreaks. While accurate and timely disease surveillance is incredibly challenging under the current circumstances, WHO has been working with partners to strengthen and re-establish an early warning, alert and response function through the implementation across the Gaza Strip of EWARS mobile, a mobile phone-based reporting system for epidemic-prone conditions. Surveillance trends show a high burden of acute respiratory infections and acute diarrhoeal illnesses, with around 30 000 and 15 000 cases, respectively, reported weekly. Epidemics of hepatitis A and clusters of suspected meningitis and mumps have also occurred, according to confirmed reports by the Ministry of Health in Gaza.

7. Efforts also continue to avert the spread of poliovirus after six circulating vaccine-derived poliovirus type 2 strains were detected in environmental samples from Deir al Balah and Khan Younis in late June 2024. While the Gaza Strip had a routine immunization coverage of 99% prior to the current hostilities, routine coverage is now estimated at 85% owing to the impact of the conflict on the health system.

8. Despite all the challenges, including the ever-shrinking humanitarian space necessary for humanitarian stakeholders to operate, WHO and health cluster partners are working tirelessly to provide services in collaboration with the Ministry of Health. Over 7.5 million consultations have been provided

¹ UNRWA Situation Report #126 on the Situation in the Gaza Strip and the West Bank, including East Jerusalem (<https://www.unrwa.org/resources/reports/unrwa-situation-report-126-situation-gaza-strip-and-west-bank-including-east-jerusalem>, accessed 19 August 2024).

² Gaza Strip: IPC Acute Food Insecurity Special Snapshot, 1 May–30 September 2024 (<https://reliefweb.int/report/occupied-palestinian-territory/gaza-strip-ipc-acute-food-insecurity-special-snapshot-1-may-30-september-2024-published-25-june-2024>, accessed 19 August 2024).

³ UNOSAT Gaza Strip 8th Comprehensive Damage Assessment (<https://unosat.org/products/3904>, accessed 19 August 2024).

by the Ministry of Health in Gaza, Emergency Medical Teams and UNRWA to date. A total 63 health cluster partners are reaching over 308 400 people weekly with direct health services. Challenges facing the effective implementation of health services include fuel shortages, halted medical evacuations, disruptive evacuation orders, restrictions on the modalities of entry of medical supplies and a lack of access to clean water, hygiene kits and sanitation facilities. Emergency Medical Teams have been operational on the ground; however, they have had a reduced footprint since 7 May 2024 when the Rafah border crossing closed.

9. According to the WHO's Health Resources and Services Availability Monitoring System, as at 24 July 2024, 16 out of 36 hospitals are partially functional, while 20 are out of service owing to factors such as insecurity, access restrictions, lack of fuel and medical supplies, and damage resulting from military activities. Only 45% of primary health care centres are partially functional (48 out of 107) while eight field hospitals are operating (four at fully functional and four at partially functional levels). Since the start of the hostilities, WHO has documented over 492 health attacks in the Gaza Strip, out of which 396 impacted 109 health facilities including 32 hospitals. As at 24 July 2024, at least 278 aid workers were reported as having been killed (271 nationals, seven foreigners), including 201 United Nations staff members (one of whom from WHO). This is the highest number of United Nations personnel killed in any conflict.

10. According to WHO medical evacuation monitoring data, since the start of the hostilities 5870 patients have been approved for medical evacuation, with 4916 successfully evacuated. However, medical evacuations have been halted since 7 May 2024, with only a few exceptions. Consequently, more than 12 000 patients are now in need of evacuation, including an estimated 4200 who were scheduled to be evacuated after 7 May 2024 but have been unable to do so. WHO has been requested by Israeli authorities and partners to lead the coordination of medical evacuations going forward, as has been the case with the latest medical evacuation of 85 sick and severely injured patients to the United Arab Emirates.

11. As at 24 July 2024, WHO has procured more than US\$ 32.9 million worth of health commodities, 54% of which have already been delivered to the Gaza Strip. Procured items include noncommunicable disease, severe acute malnutrition, and essential trauma emergency supply kits, in addition to critical medications and supplies that are needed to maintain provision of essential health services.

12. The **West Bank** has also experienced a significant surge in violence since 7 October 2023, with more than 592 fatalities including at least 131 children, which represents 35% of total conflict-related fatalities since 2008, according to the United Nations Office for the Coordination of Humanitarian Affairs. Attacks on health care services have increased with more than 512 attacks reported, out of which 375 involved the obstruction of access to health services. Despite the functional status of health care facilities across the West Bank, many challenges significantly hamper the delivery and accessibility of essential health services, including increased restrictions of movement, reduced salaries for health care workers, stockouts of medicines and increasing prices of essential medications. Fighting has also damaged or destroyed health care facilities. These compounded challenges have negatively impacted health services, livelihoods, the economy and the food security of thousands of households in the West Bank.

13. As at 29 July 2024, the impact of the conflict has resulted in 1529 fatalities and 7565 injuries in **Israel**.¹ The number of internally displaced persons has peaked at approximately 200 000, mostly on the Northern border with Lebanon and villages in proximity of the Gaza Strip. As reported through the newly established WHO Surveillance System for Attacks on Health Care, there have been 68 attacks on health care as at 24 July 2024, resulting in 24 health workers being killed and 34 injured. Out of these attacks on health care, eight incidents affected health facilities and 23 impacted medical transport. By 29 July 2024, 140 out of the 255 hostages have been either released or rescued. Notably, 91% of these hostages are civilians, including 30 children. Some 38% of the hostages are women. Health system capacity is also critical, with recommendations for hospitals to maintain up to five days of emergency supplies on average. Despite there being approximately 17 000 acute care beds available in Israel, it is estimated that only 40% of these beds are in protected spaces and about half of the operating rooms are protected. Since 7 October 2023, there has been a significant demand for mental health support, prompting the availability of consultation services nationwide. Mental health services have seen an increase in demand and consultations have been made accessible throughout the country, although no official data on the rise in consultations since 7 October 2023 are available.

14. The crisis has caused wider regional implications, notably in **Lebanon**. Lebanon also faces a multi-layered crisis that is increasing long-term vulnerabilities, reversing development gains and heightening humanitarian needs, including for Syrian and Palestinian refugees. Recent cuts in humanitarian funding are affecting all sectors, including water, sanitation, and hygiene, leading to a rise in waterborne diseases and potential outbreaks in overcrowded sites and informal settlements. The health care system in Lebanon has been severely strained since 2019 in the wake of economic crisis, the coronavirus disease (COVID-19) pandemic and the Beirut blast. These events have led to a critical shortage of health care workers and a massive exodus of the population, along with a scarcity of essential resources such as medicines, medical equipment, fuel and energy. The escalation of violence is straining already fragile health care resources: any further escalation could have catastrophic consequences for the country and the region, with limited capacity for health systems to cope. Moreover, according to a recent Integrated Food Security Phase Classification analysis, food insecurity (crisis level and above) is expected to rise from 19% in March 2024 to 23% between April and September 2024, affecting 1.26 million people. Military operations are directly impacting agriculture and livelihoods resulting in long-term effects on food security and nutrition, especially for those near the front lines.

15. As at 23 July 2024, 96 829 people have been internally displaced and are seeking refuge across Lebanon, out of which 33% are children (under 18 years) and 34% are women. According to the Lebanese Ministry of Public Health, the total number of casualties since 8 October 2023, stands at 489 fatalities in addition to 2018 injuries. As at 24 July 2024, 13 attacks on health care facilities have been recorded since 7 October 2023, resulting in a total of 18 health workers being killed. At least 3000 buildings have been damaged, including eight health facilities and seven medical transport.

ACTION BY THE STANDING COMMITTEE

16. The Standing Committee is invited to note the report.

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¹ OCHA reported impact snapshot – Gaza Strip, 31 July 2024 (<https://www.unocha.org/publications/report/occupied-palestinian-territory/reported-impact-snapshot-gaza-strip-31-july-2024-1500>, accessed 19 August 2024).