# oPt Emergency Situation Update

Issue 32

7 Oct 2023 - 30 May 2024 at 16:00









36,224
Fatalities



**81,777** Injuries



+10,000\*
Reported missing under the rubble

\* Palestinian Civil Defense

According to Israeli authorities, over 1200 Israelis and foreign nationals were killed inside Israel, and approximately 5,400 reported injuries. As of 29 May, there have been 290 reported fatalities and 1,831 reported injuries of Israeli soldiers since the start of the ground operation in the Gaza Strip. One hundred and twenty five hostages remain in Gaza.



## 464 Health Attacks As of 29 May 2024



**727** People killed in attacks



933 People injured in attacks



128 Health workers remain detained/arrested



102 Health facilities affected



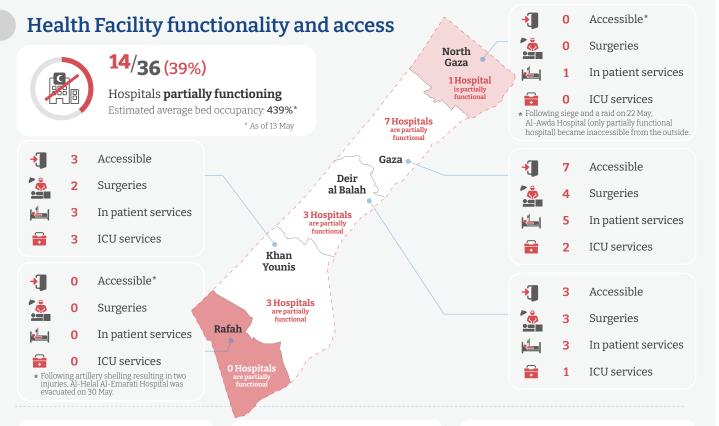
32 Hospitals damaged



113 Ambulances affected



**61** That sustained damaged





**4/9 (44%)** Field Hospitals

fully functional

K C

2/9 (22%)
Field Hospitals\*
Partially Functional

\* including UAE FH that is inaccessible from the outside



**39**/**97**\* (40%)

Primary health care facilities are **functional** 

\* The number of PHCCs includes active NGOs.

#### **Malnutrition**



**71** patients admitted for severe malnutrition to date

### Medical evacuation through Rafah:



### **4,895** patients\*

(38% of 12,760 requested cases) have been evacuated since October

\* Medical evacuation is halted since 7 May. The updated figure is due to delayed data reporting

### Communicable Diseases\* (as of 19 May 2024)







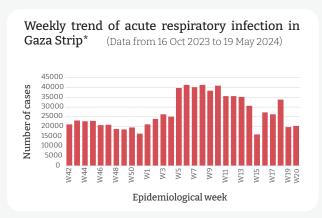




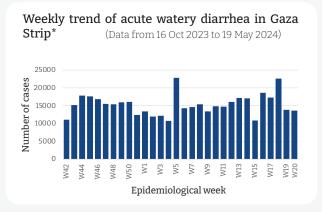
8,388 Cases of acute chickenpox jaundice syndrome

\* Listed figures to be interpreted with caution, due to delayed and incomplete data reporting.

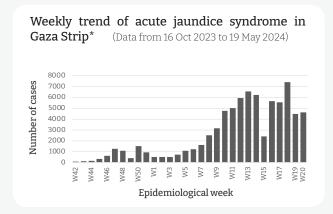
### Trend analysis of communicable diseases (Data as of 19 May 2024)



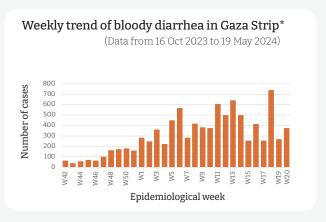
Observed fluctuations in trend of Acute Respiratory Infections in recent weeks, with over **20,000 cases reported** for five consecutive weeks since week 16.



a small weekly decrease (-2%) was observed for Acute Watery Diarrhea in week 20, with over 13,000 cases reported.



More than 4,600 cases of Acute Jaundice Syndrome were reported in week 20, marking a weekly increase of about 3% compared to the previous week.



A weekly increase in the number of cases of Bloody Diarrhea of over 39% in week 20, with about over 270 cases reported.

 $Current\ epidemiological\ trends\ should\ be\ interpreted\ with\ caution\ due\ to\ reporting\ delays,\ retrospective\ data\ and\ adjustments,\ limited\ geographical\ coverage\ of\ surveillance\ activities\ and\ constant\ population\ movements.$ 

 $Source: MoH, UNRWA, EMT \\ {}^{*}Note: weeks with incompleted data, we are not included$ 

## West Bank, including east Jerusalem





**518** Fatalities



**5,000** Injuries



## 480 Health Attacks As of 29 May 2024





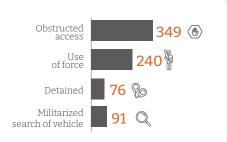
injured in

attacks



**54** Health facilities affected





### **Key concerns**

- Continued dismantling of the health system, reducing health service availability. Incursions in Rafah and North Gaza leave approximately half a million people living there with no functional, accessible hospitals.
- As of 30 May, 14 out of 36 hospitals are partially functional across the Gaza Strip, including one in the governorate of North Gaza, seven in Gaza, three in the Middle Area, and three in Khan Younis, with a total of 1,292 inpatient beds (compared to the overall capacity of 3,541¹ beds), including maternity beds and ICUs. However, several hospitals listed as partially functional are inaccessible or unable to provide inpatient care.
- All three hospitals in Rafah are currently non-functional, jeopardizing the right to health of 300,000 people, currently residing in Rafah, the majority of which are internally displaced people:
  - Al-Helal Al-Emarati Hospital (39 maternity beds) the last partially functional hospital in Rafah was evacuated on 30 May, going out of service, following a recent artillery hit injuring two people.
  - The Kuwait Hospital was evacuated, on 28 May, following a strike near the hospital gate killing two personnel.
  - The Najjar Hospital has remained out of service since 7 May.
- The two hospitals in the North Governorate, which serve around 150,000 people are currently inaccessible:
  - Following besiegement and a raid on 22 May, Al-Awda (36 beds) -the only partially functional hospital in the North Governorate – became inaccessible to new patients from outside<sup>2</sup>, with 14 health workers, 11 patients and two mother companions of children patients currently inside.
  - Kamal Adwan Hospital was evacuated following targeting with four shells. Critical patients were referred to Ahli Arab Hospital the only trauma hospital in Northern Gaza Valley (60 beds), while non-critical patients were referred to El-Helou Hospital in Gaza.
- A total of nine field hospitals in the south–six in Rafah, two in Khan Younis, and one in Deir Al-Balah:
  - In Rafah, only IMC and ICRC Field Hospitals remain fully functional, while the UAE Field Hospital is partially functional providing services to 37 patients inside the facility, while being inaccessible to new patients from the outside.
  - The Indonesian, Al-Quds (aka Qatari), and MoH Field Hospitals were evacuated, due to the deteriorating security situation. The MoH Field Hospital will be relocating to Deir Al-Balah, to address the needs of the increasing displaced population in the Middle Area.
  - In Khan Younis, the Jordanian and UK-Med Field Hospitals are fully functional.
  - In the Middle Area, the IMC Field Hospital is operating at partial functionality.
- Only one out of three severe acute malnutrition stabilization centers (SAM SC) is currently functional, at the IMC Field Hospital in Rafah (seven beds).
  - SAM SC in Kamal Adwan Hospital the only SAM SC in Northern Gaza Valley- (10 beds) was evacuated, with the hospital going out of service.
  - $\circ~$  SAM SC in Tal El-Sultan Primary Healthcare Center (four beds supported by MedGlobal) was evacuated following strikes in its vicinity.

As reported in the MoH PHEOC Report on 10 March 2024. Data on bed capacity is missing for a few hospitals.
 According to HeRAMS, inaccessibility alone does not dictate the functionality of the hospital. A hospital providing partial services to patients, while being inaccessible (whether due to conflict or access restrictions) is still considered partially functional, while inaccessible.

- The Al-Shifa Hospital in Gaza City has resumed provision of basic emergency care and hemodialysis services.
- No EMT presence in Northern Gaza Valley, due to the volatile situation.
- Closure of the Rafah crossing with Egypt has completely halted medical evacuation of patients since 7 May, with more than 1,200 patients (50 patients/day average) being unable to evacuate in this period. Out of 12,760 cases requested for medical evacuation, 4,895 (38%) have been evacuated. The Gaza Strip has an estimated 14,000 patients requiring medical evacuation, with the figure expected to increase considering the diminishing capacity of the health system compounded by the ongoing escalation.
- As of 26 May, the UN estimates that around 945,000 Gazans have been displaced from Rafah, since 6 May. According
  to the Shelter Cluster, there are no remaining stocks of shelter materials inside Gaza. Population displacement is also
  affecting healthcare provision, both through staff displacement and with partners needing to restructure and to
  move with the population to address the severe needs.
- Limited access to proper WASH facilities, compounded by overcrowding, continue to contribute to the rise in infectious diseases, including diarrhoeal illness and hepatitis A.
- Fuel shortages continue to threaten continuity of humanitarian interventions, including health care provision, impacting the functionality of hospitals, PHC centers and ambulance services.
- Restrictions on entry of medical supplies, medications, in addition to, tents and building equipment to support setting up and operating temporary health facilities, following the Rafah incursion and closure of Rafah Crossing.
- Restrictions on rotation of humanitarian workers in and out of Gaza, following the Rafah Crossing closure, are hindering delivery of humanitarian interventions.
- Private trucks continue to be prioritized over UN trucks at the few remaining entry points.
- Continued hostilities, recurrent displacement and lack of proper shelters are negatively affecting the mental health of the vulnerable population. These factors, along with the collapse of pre-existing GBV response services and referral pathways, exacerbate the vulnerability women and children.
- Increasing insecurity, destroyed roads and infrastructure, and lack of proper facilitation of humanitarian missions continue to hinder health access. A sustained and functional deconfliction mechanism is needed to facilitate safe delivery of humanitarian aid across the Gaza Strip, as per International Humanitarian Law.
- Disrupted telecommunication is negatively affecting partners operations and weakening referral mechanisms (community to facility and among facilities).

### Response

#### WHO

- As of 25 May, WHO has procured \$28.1 million worth of health commodities, 54% of which has already been delivered
  to the Gaza Strip (around 682 metric tonnes), including essential trauma emergency supply kits (TESK), NCD and
  SAM kits. Procurement also includes critical medications and supplies that are needed to maintain provision of
  essential health services.
- WHO and partners continue to carry out missions, support patient transfers, conduct needs assessment, support deployment of EMTs and field hospitals, and deliver food, water, and medical supplies to health facilities, across the Gaza Strip.
- WHO procured and delivered critical medications that are estimated to benefit 1,200 cancer and organ transplant patients in Northern Gaza Valley, in addition to 150 patients with mental health illnesses.
- WHO continues to support partners in the southern governorates, delivering essential medical supplies, including medications, consumables, and equipment, to Al-Awda Hospital in Deir Al-Balah, CARE organization, Project Hope primary healthcare center (PHC), and IMC Field Hospital. These supplies have benefited an estimated 16,000 patients with non-communicable diseases and 8,000 patients with mental health diseases.
- The WHO team conducted an assessment of the syndromic surveillance and reporting pathways for the Project Hope PHC and GLIA EMT, and trained 10 health workers on the WHO agreed case definitions of the 10+1 notifiable diseases and reporting frequency.
- WHO procured and delivered five Interagency Emergency Health Kit 2017 Supplementary Module medicines to Project Hope PHC, UK-Med Field Hospital, and Al-Awda Hospital in the Middle Area. The medicines include syndromic treatment medicines to support the management of the 10+1 notifiable diseases, benefitting around 23,550 patients.
- A total of 27 UNRWA doctors and nurses participated in the second cycle of the Wound Care training, conducted by MSF-France with support of WHO.
- The <u>oPt Health Cluster Status Dashboard</u> is updated regularly to reflect the evolving situation, Health Cluster response, and communicable diseases surveillance in the oPt, with emphasis on the ongoing emergency in the Gaza Strip.
- WHO published the "WHO Response in the occupied Palestinian territory Report for October 2023 to March 2024".

#### Partners

- The Health Cluster reported that 61 partners are currently operational in the Gaza Strip, reaching a weekly average of 291,000 people with various healthcare services and supplies. In total, 188 medical points are currently operating throughout the Gaza Strip, providing essential primary health care services to the vulnerable population.
- The health cluster is developing a strategy for health care service delivery in Northern Gaza Valley.
- The Health Cluster is working closely with other clusters, such as Shelter, Food, Nutrition, Protection, and Water, Sanitation, and Hygiene (WASH), in order to address the comprehensive healthcare needs of populations, considering the social determinants of health.









Operations have been severely impacted by the Rafah incursion and the deteriorating security situation, with only two of five planned missions successfully facilitated.

- On 19 May, WHO participated in a joint mission to the CADUS and MSF-Belgium trauma stabilization center in Tal El-Sultan, in Rafah. During the mission the WHO team assessed the capacity of the EMTs and delivered modules of the Trauma and Emergency Surgery Kit 2019 that are estimated to benefit 3,000 trauma patients.
- On 22 May 2024, WHO conducted a mission to Kuwait Hospital in Rafah to assess its capacity and identify critical response needs. The assessment showed that the hospital was significantly impacted with the deteriorating security situation in its vicinity, reorienting its operations to serve as a trauma stabilization point, and downsizing medical personnel presence to 30 staff (compared to 247 before the expanded operation). During the mission, WHO delivered critical trauma supplies that are estimated to benefit 1,000 patients.

### **WHO Recommendations**

- · Immediate ceasefire.
- Expand and sustain humanitarian access into Gaza for fuel, water, food, medicines and other necessary supplies.
- Expand humanitarian corridors and ensure safe passage to allow delivery of humanitarian aid within Gaza.
- Active protection of civilians and health care, preserving the function of remaining health facilities.
- Establish and strengthen a routine process for medical evacuation for all patients in need, without distinction of any kind, ensuring timely referral of the +14,000 critical patients that need to be medevaced out of Gaza.

## Funding



• The inter-cluster Flash Appeal has been revised and the funding requirement for humanitarian health response is \$408.5M\* and is targeting 2.9M people in Gaza and West Bank.



The WHO Operational Response Plan for the occupied Palestinian territory (oPt) for April 2024 to December 2024 was published, on 29 May 2024.

Further information:

Dr Richard Peeperkorn, WHO oPt Representative peeperkornr@who.int  Dr Ayadil Saparbekov, WHO oPt Emergencies Lead asaparbekov@who.int  Bisma Akbar, WHO oPt Communication Offices akbarb@who.int