# oPt Emergency Situation Update

Issue 33

் 7 Oct 2023 - 6 Jun 2024 at 16:00





**Overview** As of 6 Jun 2024 Source: Ministry of Health.



36,731 Fatalities

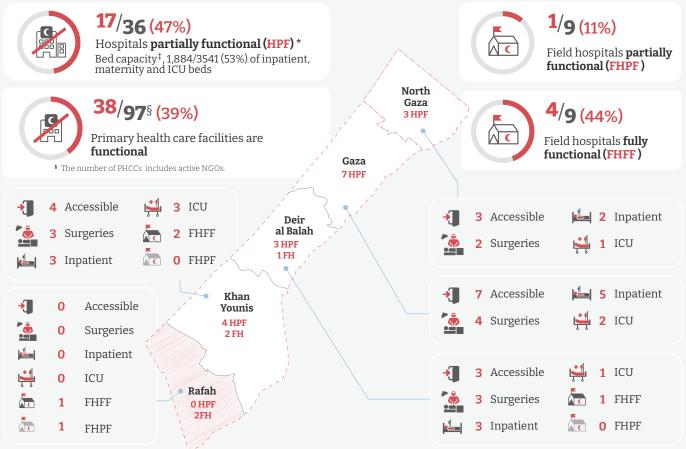


**83,530** Injuries



+10,000
Reported missing under the rubble

## Health Facility functionality and access



- \* Partially functional facility: when a health facility is unable to fully provide some or all of the services as normal, or there is an interruption in any of the services provided at the facility, due to various macons
- Of the 17 partially functional hospitals, 14 are partially accessible due to insecurity and physical barriers, e.g. damage to both patient and ambulance entrances, and surrounding roads.
- Rafah: no functional hospitals, jeopardizing the right to health of around 90,000 Gazans residing there.
- Khan Younis: Al-Khair Hospital restored partial functionality, providing limited basic emergency and nursing services. Maternity department to resume services soon.
- North governorate: Partial accessibility to Al-Awda, Kamal Adwan and Indonesian hospitals , due to extensive roads damages, following military withdrawal on 31 May:
  - Al-Awda Hospital (40 beds, providing emergency, maternity, surgical, 8 inpatient services), is partially accessible after 10 days of inaccessibility.
  - Kamal Adwan Hospital (144 beds) resumed partial functionality, providing emergency and inpatient services.
  - Indonesian Hospital resumed partial functionality on 1 June, providing basic emergency services.
- Out of six field hospitals (FH) in Rafah, only the ICRC FH is fully functional. The UAE FH operates at partial functionality, while accessibility remains extremely difficult due to ongoing siege and hostilities.
- The IMC FH in Rafah was evacuated on 5 June, due to the security situation.
- UK-Med and Jordanian FH in Khan Younis, and IMC FH in Deir Al-Balah are fully functional.

#### **Malnutrition**



**73** Patients admitted due to severe acute malnutrition

### Medical evacuation through Rafah



**4,895** Patients\*

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

Medical evacuation is halted

#### Communicable Diseases\* (as of 26 May 2024)











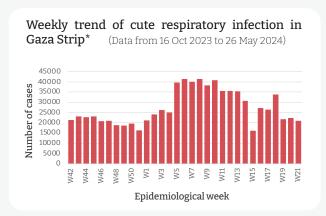
**8,538** Cases of chickenpox



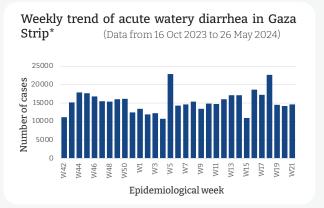
**81,795** Cases of acute jaundice syndrome

 $^{\star}$  Listed figures to be interpreted with caution, due to delayed and incomplete data reporting.

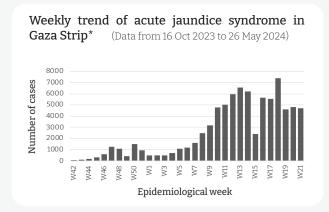
### Trend analysis of communicable diseases (Data as of 26 May 2024)



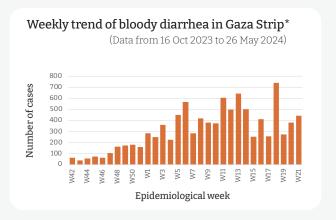
Observed fluctuations in trend of acute respiratory infections in recent weeks, with over **20,000** cases reported for six consecutive weeks since week 16.



Observed fluctuations in weekly trend of acute watery diarrhea, with over 14,000 cases reported in week 21, a 4% increase compared to the previous week.



Over 4,700 cases of acute jaundice syndrome were reported in week 21, a relatively similar figure compared to the previous week.



A 17% increase in the weekly number of bloody diarrhea in week 21 (compared to week 20), with more than 440 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 incomplete data were not included



## 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** Sustained damage

## West Bank, including east Jerusalem





**28** Fatalities



**5,000** Injuries



480 Health Attacks As of 29 May 2024



16 People killed in attacks



95 People injured in attacks



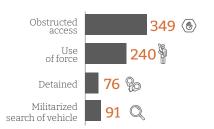
facilities affected 20 Mobile

**54** Health





**Ambulances** affected



## Situational update

- · Continued dismantling of the health system, reducing health service availability and threatening the right to health of over 2.2 million people in the Gaza Strip.
- · Upon military withdrawal from the North, Al-Awda Hospital reported that during the recent escalation the fifth floor (hospital administration) was hit; maintenance department, water tanks and the water network in the western building have reportedly sustained some damage. The last two ambulances of the hospital have gone out of service.
- No severe acute malnutrition stabilization centers (SAM SC) in the Rafah and Khan Younis governorates.
  - SAM SC at IMC Field Hospital in Rafah (7 beds) relocated to the IMC Field Hospital in Deir Al-Balah, which already has a functioning outpatient therapeutic program.
  - · SAM SC in Tal El-Sultan Primary Healthcare Center (4 beds supported by MedGlobal) was evacuated following strikes in its vicinity.
  - · The SAM SC in Kamal Adwan Hospital (the only SAM SC in the North Gaza Valley) resumed functionality, after the hospital resumed functionality.
- No EMT presence in Rafah and Northern Gaza Valley due to the deteriorating security situation.
- · Closure of the Rafah crossing with Egypt has completely halted medical evacuation of patients since 7 May, with approximately 1,500 patients (50 patients/day average) being unable to evacuate during this period. Out of 12,760 cases requested for medical evacuation, 4,895 (38%) have been evacuated, so far. An estimated 14,000 patients require medical evacuation, with the figure expected to increase considering the diminishing capacity of the health system compounded by the ongoing escalation.
- As of the end of May, the UN estimates that more than one million Gazans have been displaced. UNRWA has stated that all their 36 shelters in Rafah are now empty.

- Evacuation orders, deteriorating security conditions, and population displacement are affecting health care provision, due to staff displacement and partners being forced to evacuate and relocate their services to address the severe needs.
- Increasing insecurity, destroyed roads and infrastructure, and lack of proper facilitation of humanitarian missions continue to hinder access to health. A sustained and functional deconfliction mechanism is needed to facilitate safe delivery of humanitarian aid across the Gaza Strip, as per international humanitarian law.
- 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, PHCCs 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.
- Challenges to the rotation of humanitarian workers in and out of Gaza, following the Rafah crossing closure, are hindering delivery of humanitarian interventions.
- · Lack of timely and sustatined facilitation of 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.
- Disrupted telecommunication is negatively affecting partners operations and weakening referral mechanisms (community to facility and among facilities).
- According to Israeli authorities, over 1,200 Israelis and foreign nationals were killed inside Israel, and approximately 5,400 reported injuries. As of 5 June, there have been 293 reported fatalities and 1,889 reported injuries of Israeli soldiers since the start of the ground operation in the Gaza Strip. One hundred and twenty-four hostages remain in Gaza.

## Response

#### WHO

- As of 6 June, WHO has procured \$28.6 million worth of health commodities, 53% of which has already been delivered
  to the Gaza Strip (around 745 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, 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 continues to support partners in the southern governorates through delivering essential trauma-related medical supplies, including medications, consumables, and equipment. Some of the partners include: Save the Children, Project Hope, and MDM-France in Deir Al-Balah, MSF-Belgium, and Kuwait Field Hospital in Khan Younis. The supplies are enough to cover the health needs of 7000 trauma patients.
- WHO provided haemodialysis supplies and solutions to support the provision of haemodialysis services for 700 patients at Nasser Medical Complex in Khan Younis.
- WHO provided 3 kits of the Interagency Emergency Health Kit (IEHK) 2017 Basic Renewable and Equipment Module, 3 kits of IEHK - 2017 Supplementary Module Medicines, and one kit of IEHK - 2017 Supplementary Module Equipment that include a variety of medicines for mental health and non-communicable diseases (Cardiovascular, DM, HTN, and COPD) to support IMC health response. Delivered items are expected to cover the health needs of 6,000 patients with NCDs and 3,000 patients with mental health disorders.
- WHO provided one NCD Kit 2022 Module 1-Medicines, and one kit of IEHK 2017 Basic Renewable and Equipment Module, to support Palestine Children's Relief Fund (PCRF) activities for managing 10,000 NCD patients in Deir Al-Balah.
- WHO provided critical medications to MDM-France and the Kuwait Field Hospital to support the management of 3,100 patients with NCDs and mental health illnesses.
- 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.

#### Partners

- The Health Cluster reported that 63 partners are currently operational in the Gaza Strip, reaching a weekly average of 283,400 people with various health care 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 health care needs of populations, considering the social determinants of health.









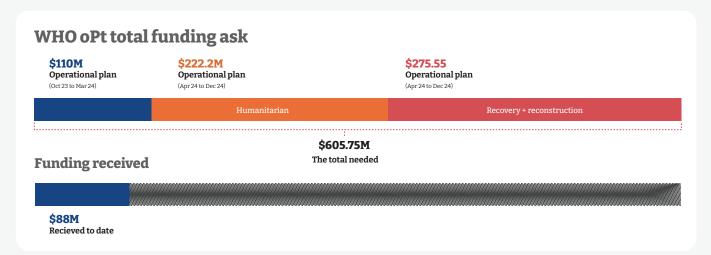
Operations have been severely impacted due to the Rafah incursion and the deteriorating security situation.

• On 27 May, WHO led a mission to Al-Ahli Hospital in Gaza City- the first mission to the north of the Strip since 13 May. During the mission, WHO delivered 15,000L of fuel, 14 hospital beds, medicines and trauma supplies to cover the needs of 1,500 people. The mission also escorted five Palestine Red Crescent society ambulances to the north to expand the service.

## **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:

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