oPt Emergency Situation Update

Issue 36

🧰 7 Oct 2023 - 15 July 2024 at 16:00





Overview As of 15 July 2024



38,713 Fatalities

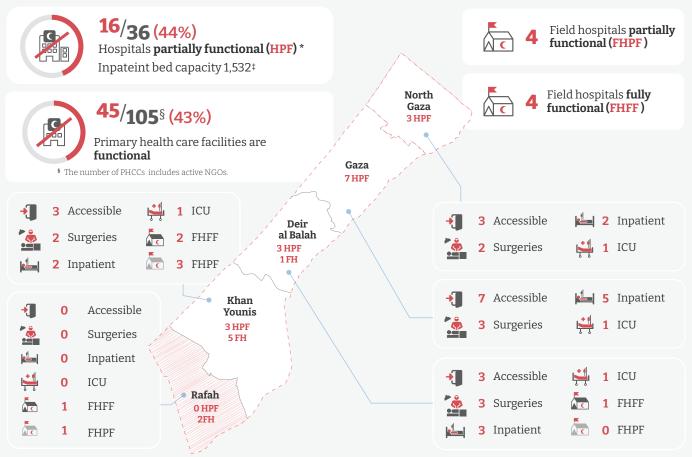


89,166 Injuries



+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 reasons.
- Of the 16 partially functional hospitals, 12 are partially accessible due to insecurity or physical barriers, such as damage to both patient and ambulance entrances, and surrounding roads.
- Evacuation orders continue to disrupt the functionality of health facilities:
 - Patient Friends Benevolent Society (PFBS) (46 beds) and Al-Ahli Arab (AAH) (60 beds) Hospitals in Gaza City were evacuated due to their proximity to the evacuation zone announced on 7 July. Services were restored at AAH on 11 July, following military withdrawal. PFBS reported damages due to bombardment, but resumed provision of basic emergency and pediatric services on 15 July.
 - El-Helou and Assahaba Hospitals in Gaza City temporarily reduced their operational capacity during the military operation in their vicinity, due to security concerns. Intensive care (7 units) and surgeries were suspended at El-Helou, while Assahaba services were limited to maternity and urgent deliveries. Services resumed with military withdrawal.
 - European Gaza Hospital (EGH) (650 inpatient beds) remains out of service, since 1 July.
 - No functioning hospitals in Rafah for over sixth weeks.
- A total of eight operational field hospitals (FH) in the Gaza Strip:
 - Rafah: the ICRC FH is fully functional, while the UAE FH operates at partial functionality with access restrictions due to ongoing siege and hostilities.
 - Khan Younis: the UK-Med and Jordanian FHs are fully functional, while Al-Quds, Kuwait 'Heal Palestine', and PRCS Kuwaiti FHs are partially functional.
 - Deir Al-Balah: the IMC FH is fully functional.

Malnutrition



108 Patients admitted due to severe acute malnutrition

Source: Ministry of Health

Medical evacuation through Rafah



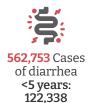
4,913 Patients* (35% of 13,877 requested cases) have been evacuated since October

* Medical evacuation is halted.

Communicable Diseases* (as of 30 June 2024)



infections









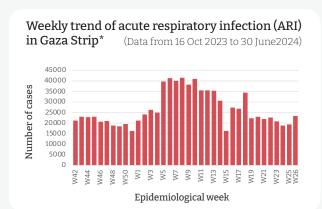
11,214 Cases of chickenpox



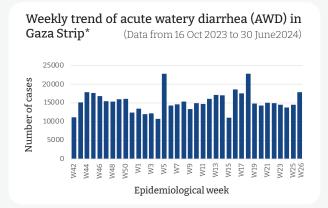
104,766 Cases of acute jaundice syndrome

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

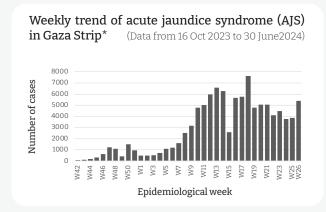
Trend analysis of communicable diseases (Data as of 30 June 2024)



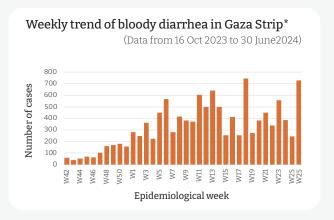
Following decreasing trends in ARI, there has been an increase in cases reported from Week 25 to Week 26 by about 3,500 cases.



The weekly trends of AWD have remained stable over the last four weeks (14,000 -15,000 cases), with an increase of 18,000 cases reported in Week 26.



Weekly trends of AJS have remained somewhat stable over the last four weeks and have **increased by 1,500** cases from Week 25 to Week 26.



After weeks of decreasing trends in **Bloody Diarrhea**, the number of reported cases **increased by almost 500 cases** from Week 25 to Week 26.

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

Source: MoH, UNRWA, EMT *Note: Weeks with incomplete data were not included

Long term conditions



>2,000 People diagnosed with cancer each year, including 122 children



>1,500 Patients in need of kidney dialysis to maintain life§



>60,000 People with raised blood glucose*



45,000 Patients living with cardiovascular disease



>650,000 People with raised blood pressure*



+ **485,000** People with mental health disorders*

§ Source: Ministry of Health

* Source: STEPS Survey 2022

- Limited access to essential and specialized healthcare services, suspension of medical evacuation, compounded by
 the degradation in social determinants of health during the ongoing emergency acutely affects patients with
 non-communicable diseases.
- According to MoH reports, there are 60 hemodialysis machines currently available across the Gaza Strip (compared
 to 182 prior to the war): 16 in Gaza and North Gaza, and 44 in the Middle Area and Khan Younis. Therefore, the
 provided services are severely decreased to two dialysis sessions of two hours per week, instead of three weekly
 sessions of three to four hours. This has a detrimental impact on the quality of life of these patients that could lead to
 fatal consequences.
- Only one out of originally six MoH Community Mental Health Centers is operational- albeit at minimum capacity-,
 while the only existing Psychiatric Hospital was bombarded, going out of service in November 2023. Medication
 shortages, continued hostilities, recurrent displacement and lack of proper shelters are negatively affecting the
 mental health of the vulnerable population, particularly those with pre-existing mental health disorders

Reproductive, Maternal, Newborn and Child Health



~ 50,000 Women are pregnant



~5,500 Women are due to give birth within the next month including

- ~1,400 Requires Cesarean section
- ~ 180 Deliveries / day
- More than 500,000 women in the reproductive age are lacking access to essential services including antenatal care, postnatal care, family planning and management of sexual transmitted infections.
- Maternity services are provided at eight out of 16 partially functioning hospitals, and at four out of the 10 field hospitals (ICRC, IMC, UKMED, and Kuwait FHs).



475 Health Attacks As of 12 July 2024







103 Health facilities affected





32 Hospitals damaged



128 Health workers remain detained/arrested



113 Ambulances affected



61 Sustained damage

West Bank, including east Jerusalem





574 Fatalities



5,537 Injuries



512 Health Attacks As of 12 July 2024





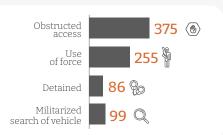
injured in

attacks



54 Health facilities affected **20** Mobile





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.
- Evacuation orders continue to exacerbate the vulnerability of Gazans, many of which were forced to go through multiple waves of displacement. OCHA reported that an assessment of two sites hosting more than 10,000 IDPs, who fled from eastern Khan Younis to Deir al Balah and Khan Younis, highlighted the challenges in accessing health care. Key obstacles included limited communications coverage to contact emergency services, high transportation costs to reach hospitals (US\$26 for a roundtrip), and a long walking distance (three kilometers) to reach the nearest medical point.
- The Health Cluster reported that a total of three medical points (MP) were within the evacuation zone announced on 7 July, with Al-Ahli Arab and Patients Friends Benevolent Society (PFBS) Hospitals, were close proximity to the area. Both hospitals evacuated. Eleven patients self-evacuated from PFBS, and 62 critical patients were referred to Kamal Adwan and Indonesian Hospital to continue treatment.
- The evacuation zone announced on 8 July also included El-Helou and Al-Ahli Hospitals, MSF-France and PMRS PHCs, in addition to six MPs.
- The recent military operation on Gaza resulted in the complete destruction of Sabha Al-Harazeen and Assalam PHCs in Gaza City. Sabha PHC was one of the leading centers adopting the family medicine approach, and it hosted the only MOH Public Health Laboratory, responsible for environmental testing, which was also put to the ground.
- Medical evacuation of patients outside of Gaza is halted. Out of 13,877 cases requested for medical evacuation, only
 4,913 (35%) have been evacuated, since October 2023. The number of patients requiring medical evacuation is expected
 to increase considering the diminishing capacity of the health system compounded by the ongoing escalation. Medical
 evacuation corridors must be urgently established for the sustained, safe, and timely passage of critically ill patients
 from Gaza via all possible routes.
- Persistent fuel shortages continue to threaten humanitarian interventions, including health care provision, impacting
 the functionality of hospitals, PHCCs and ambulance services.
- The IPC Famine Review Committee Report, published on 25 June 2024, stated that a high risk of Famine persists across the whole Gaza Strip, as long as conflict continues and humanitarian access is restricted. About 96% of the population in the Gaza Strip face high levels of acute food insecurity through September 2024. The report highlighted that while the whole territory is classified in Emergency (IPC Phase 4), over 495,000 people (22% of the population) are still facing catastrophic levels of acute food insecurity (IPC Phase 5). In this phase, households experience an extreme lack of food, starvation, and exhaustion of coping capacities.
- Three severe acute malnutrition stabilization centers (SAM SC) are now functioning, across the Gaza Strip: one supported by MedGlobal at the Kamal Adwan Hospital (10 beds) in the North Gaza governorate; one SC (six beds) at the IMC FH in the Middle Area; and one SC supported by MSF-Spain at Nasser Medical Complex (six beds) in Khan Younis. The SC at the Patients Friends Benevolent Society (PFBS) Hospital (10 beds) went out of service on 7 July, with the military operation on Gaza City.
- 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. The WASH Cluster estimates that approximately 67% of water and sanitation facilities and infrastructure have been destroyed or damaged due to conflict-related activities, over the past eight months.
- 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, sustained, and secure facilitation of UN trucks at the few remaining entry points, compromising flow of supplies.
- 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 15 July, there have been 326 reported fatalities and 2,128 reported injuries of Israeli soldiers since the start of the ground operation in the Gaza Strip. One hundred and twenty hostages remain in Gaza.

Response

WHO

- WHO has procured more than USD30 million worth of health commodities, 58% of which has already been
 delivered to the Gaza Strip. Procured items include essential trauma emergency supply kits (TESK), NCD and SAM
 kits, in addition to 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.
- On 11 July, Dr Hanan Balkhy, the WHO Eastern Mediterranean Regional Director (RD), concluded an eleven-day visit to the occupied Palestinian territory, including a one-day trip to the Gaza Strip. In her statement, RD mentioned that "the situation in Gaza is concerning on both a human and humanitarian level". In Gaza she met with UN partners and NGOs as well as visited the IMC Field Hospital in Deir Al-Balah. She also visited health facilities in Jenin and Bethlehem and attended high-level meetings to discuss challenges and affirm WHO's support to the health sector in the occupied Palestina territory.
- WHO supported the training of 3 EMT doctors deployed in Gaza on WHO guidelines for inpatient management of SAM with complications.
- Mid-upper arm circumference (MUAC) screening is planned to be integrated in the Early Warning, Alert and Response System (EWARS), starting with one UNRWA health centre, on 15 July.
- A plan to expand coverage of essential primary health care services to under-served IDP locations, in Gaza and North Gaza governorates, is being developed.
- Medical Supplies and lifesaving medication were dispatched to Kamal Adwan, Indonesian, and Al-Awda Hospitals in North Gaza, which are estimated to benefit more than 20,000 beneficiaries.
- The Emergency Medical Team Coordination Cell (EMT CC) is supporting the MoH in mapping needed specialties in North Gaza, to plan for future punctual EMT deployments at both primary and secondary healthcare levels.
- The Health Cluster and WHO regularly update the oPt <u>Unified Health Dashboard</u>, providing a snapshot of conflict-related casualties, communicable disease surveillance, medical evacuations, attacks on health, and overall Health Cluster response in the oPt, with emphasis on the ongoing emergency in the Gaza Strip.

Partners

- The Health Cluster reported that 60 partners are currently operational in the Gaza Strip, reaching a weekly average of 300,000 people with various healthcare services and supplies. In total, 191 health service points, including 123 medical points, are currently operating throughout the Gaza Strip, providing essential primary health care services to the vulnerable population.
- The Health Cluster is working closely with other clusters, such as Shelter, Food, Nutrition, Protection, and Water, Sanitation, and Hygiene (WASH), to address the comprehensive healthcare needs of populations, considering the social determinants of health.
- Joint efforts by health partners to restore health service provision at the European Gaza Hospital in Khan Younis.
- The Trauma Technical Working Group, led by WHO, continues to support and guide partners trauma response, including carrying out joint analyses of recent mass casualty incidents, to identify priority gaps for future interventions
- Reporting tools from medical points, PHCs and hospitals were reviewed and finalized to ensure quality reporting on sexual, reproductive, maternal, and neonatal health (SRMNH) indicators. The final list of SRMNH minimal data set was shared with the Sexual and Reproductive Health Working Group for feedback.

WHO Mission Update

28 June - 15 July 2024









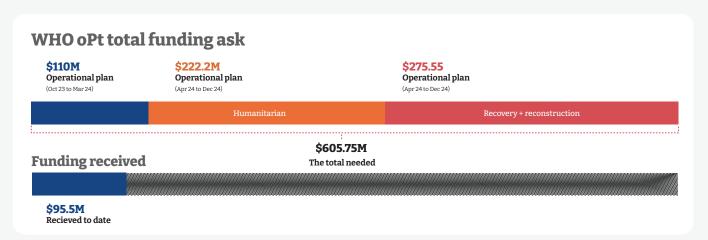
Operations have been severely impacted due to the Rafah incursion and the deteriorating security situation.

- On 29 June, WHO led an inter-agency mission to the north, to assess the needs of the Indonesian Hospital, and deliver 10,000L of fuel to Kamal Adwan Hospital. The mission also deployed an EMT from the Palestinian American Bridge consisting of three specialists (paediatrician, paediatric surgeon, and emergency doctor) to Kamal Adwan Hospital.
- On 3 July, WHO carried out a mission to reallocate critical equipment, including general beds, anaesthesia machines and three full operating theatres, from the EGH following its evacuation.
- On 6 July, WHO led an inter-agency mission to Assahaba and Public Aid Hospitals in Gaza City. During the mission, WHO facilitated the scheduled return of the Project Hope EMT to the south, and delivered fuel to Assahaba (12,000L) and Public Aid (10,000L) to maintain provision of services at the two hospitals, in addition to other primary healthcare centers. Five patients (6 months, 11, 13, 14, and 15 years old) were referred to the IMC FH in Deir Al-Balah, awaiting referral abroad for specialised treatment.
- On 11 July, WHO led a mission delivering medical supplies and a total of 20,000L of fuel to Kamal Adwan, Indonesian and Al-Awda Hospitals in North Gaza. Delivered supplies are estimated to benefit approximately 20,500 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

 Dr Ayadil Saparbekov, WHO oPt Emergencies Lead, asaparbekov@who.int Bisma Akbar, WHO oPt Communication Officer akbarb@who.int