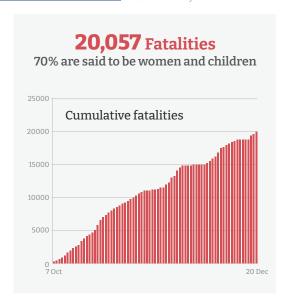
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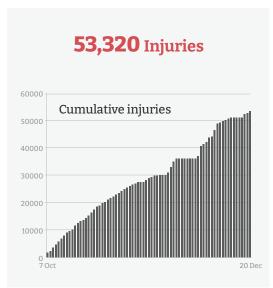
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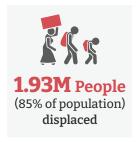
Gaza Strip





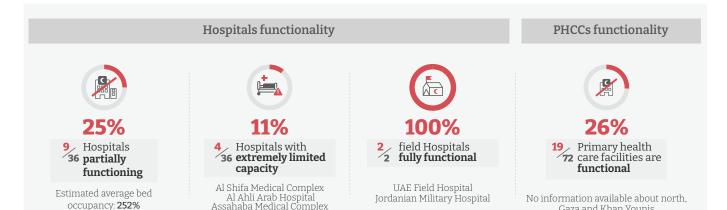






Health Care Functioning and Access

A public health catastrophe is rapidly evolving in Gaza with high levels of violent deaths and injuries, mass displacement, overcrowding, major disruption and dysfunction of the health system, and damage to water and sanitation infrastructure. Severe stressors for mental health are affecting the whole population, including bombardment and siege. Destruction and hostilities are gravely obstructing ambulance access to the injured and health facilities.





occupancy: 252%

Referrals abroad through Rafah since start of war 803 including 413 injured and 390 patients in addition to 550 companions



Al Awda Hospital-North

Separation of North Gaza and Gaza City from governorates in the south, along with evacuation orders



Disease surveillance disrupted including early disease detection, laboratory capacity and response

Gaza and Khan Younis

Acute shortage of supplies at health facilities



Fuel and Electricity





Medicines and medical supplies:



- anaesthetics
 - antibiotics
- IV fluids
- pain medications
- insulin
- · blood and blood products

Medical equipment

Increasingly not functional at hospitals, (e.g. monitors, ventilators, incubators, x-ray and CT, lab analyzers, anaesthesia machines), which are dependent on electricity

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Gaza Strip

Health Needs and Risks

Water and Sanitation



Almost 1.4M IDPS

out of the 1.93 million displaced are in 156 UNRWA installations accross the Gaza Strip*



486 people per toilet in Rafah

* The situation might be worse in makeshift shelters



59-89%

Less water consumption than pre-hostilities (21 Nov - 4 Dec)



defecation

Observed at shelters in Rafah due to lack of sanitation facilities



Lack of WASH facilities in health care settings means increased risk of healthcare-assoc iated infections

Reproductive, Maternal, Newborn and Child Health



52.000

Pregnant

~183 Births per day

5,500 Babies have been born in the last month



Premature infants depend on incubators

61% Incubators are in the north, requiring electricity

Long term conditions



1,100 Patients in need of kidney dialysis



71,000 Patients living with diabetes



225,000 People with high blood pressure



+485,000 People with mental health disorders*



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



45,000 Patients living with cardiovascular disease

* People in Gaza facing daily intense psychological stressors, including bombardment and severe barriers to fulfilling basic needs

Data: MoH Annual Report 2022, WHO STEPS

Health Attacks



249 Health attacks



595 People killed in attacks



748 People injured in attacks



61 Health facilities affected



26 Hospitals damaged



76 Ambulances affected



38 That sustained Including damages

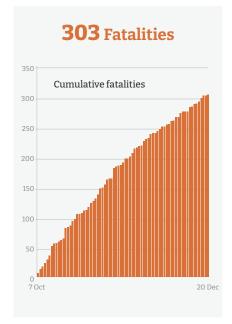
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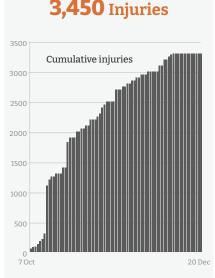
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West Bank, including east Jerusalem









1,208 people displaced amid settler violence and access restrictions.

378 people displaced following demolitions in Area C and East **Jerusalem**

95 people displaced following punitive demolitions



Increased settler and military violence

Including airstrikes and live ammunition. Complete obstruction at checkpoints between Palestinian towns and closure of several communities

Health Needs and Risks



Increased

Placing a high demand for emergency medical supplies for first response at hospitals



Need access to health care in east Jerusalem, from the rest of the West Bank



5,491 People displaced from

Are stranded in the West Bank, increasing the pressure on the health system

Health Care Functioning and Access



+270 Patients are in need of referral outside the West Bank for health care daily. Now only oncology and life-saving cases are being allowed. Permit application and approval rates for health care are reduced.



Obstructed access for ambulances, health care workers, and patients

Due to checkpoint closures, insecurity, movement restrictions, and attacks on



First response capacities overstretched

By increased casualties, with high demand for emergency medical supplies



Increased shortages of essential medicines and medical supplies

Affecting first response, primary care, and hospital care

Health Attacks

263 Health attacks







48 People injured in attacks



21 Health facilities affected



Ambulances affected











Detained



Militarized search of vehicle

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UPDATES

• Fatalities and Casualties since Dec 14:

· Hostilities continue and since December 14th, there have been 1,449 fatalities and 2,726 injured.

Food Insecurity:

- Dec 21st, WHO issued a statement reflecting on the new estimates released by the Integrated Food Security Phase Classification (IPC) global partnership, which WHO is a member, indicating that Gaza is facing "catastrophic levels of food insecurity," with the risk of famine "increasing each day."
- An unprecedented 93% of the population in Gaza is facing crisis levels of hunger, with insufficient food and high levels of malnutrition.
- At least 1 in 4 households is facing "catastrophic conditions": experiencing an extreme lack of food and starvation.

• Disease Surveillance:

- Over 150 000 cases of upper respiratory infection and numerous cases of meningitis, skin rashes, scabies, lice and chickenpox have been reported.
- Over 100 000 cases of diarrhoea have been reported since mid-October. Half of these are among young children under the age of 5 years, case numbers that are 25 times what were reported before the conflict.

• Hospital Functionality:

- Only 9 of 36 (25%) hospitals in the Gaza strip are partially functioning (All in the south). Four hospitals (Al Shifa Medical Complex, Al Ahli Arab Hospital, Assahaba Medical Complex and Al Awda Hospital-North) in northern Gaza Strip are functioning at minimal capacity.
- As a result, bed occupancy in functioning hospitals averages 371% and ICU bed occupancy of 229%.
- Operating rooms are no longer functioning in Al Ahli hospital and the hospital is overwhelmed with patients in need for emergency care.
- Kamal Adwan hospital in northern Gaza rendered non-functional after being destroyed resulting in the death of at least 8 patients.
- Al-Shifa Hospital, currently minimally functional, needs to urgently resume at least basic operations to continue serving the thousands in need of lifesaving health care.
- According to Israeli authorities, over 1200 Israelis and foreign nationals have been killed, 9038 injured,
 251 being held hostage of whom 114 have been released since the hostilities started.

aza

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HEALTH RESPONSE

• Outbreak Prevention:

- The Early Warning, Alert and Response System (EWARS) list for syndromic surveillance is revised and agreed by the Ministry of Health and UNRWA.
- WHO's electronic early warning, alert, and response system in emergencies "EWARS in a box" is in pipeline and will be delivered to Gaza soon. This system will help in detecting disease outbreaks early and will improve real time data flow from the shelters overcoming the persistent internet and electricity challenges.
- WHO provided Hep ASE kits to test the suspected cases of hepatitis in European hospital. Diagnostic sticks were additionally provided to test donated blood before transfusion. This will help in minimizing transmission of blood transmitted diseases.

· High Rik Missions:

- Until December 22nd, WHO and partners conducted 10 high risk missions to key hospitals in the South and North to deliver much needed medical and trauma supplies and Emergency Medical Services (EMS), with PRCS transferring most critical patients to other hospitals.
- During the week 14-22 December the following missions took place:
 - **Dec 14,** WHO delivered 4,200 body bags with support from the Contingency Fund for Emergencies (CFE), underscoring the critical need to prioritise healthcare and safeguard civilians.
 - Dec 16, WHO staff participated in a joint UN mission to Al-Shifa Hospital in north Gaza to deliver health supplies and assess the situation in the facility. Partners included OCHA, UNDSS, and UNMAS. The team delivered medicines and surgical supplies, orthopaedic surgery equipment, and anaesthesia materials and drugs to the hospital.
 - Dec 19, WHO, UNOCHA and UNDSS team undertook a mission to Nasser Hospital in south Gaza following attacks which left a young female patient dead in the paediatric unit and injured two more children. Nasser's ability to function has deteriorated drastically since WHO's last visit on 7 December.
 - Dec 20, WHO and UN partners undertook another high-risk joint mission to Al-Ahli Arab and Al-Shifa hospitals in northern Gaza. Deliveries included medicines, IV fluids and supplies for surgery, treating the wounded, and supporting women giving birth.

• Emergency Medical Teams:

- Dec 14-Dec 22 WHO is coordinating the deployment of 7 Emergency Medical Teams in Gaza. The Emergency Medical Teams will provide surge personnel to existing healthcare facilities and field hospitals with surgical capacity. Efforts to scale up surge capacity are ongoing with an additional 6 Emergency Medical Teams planned to get in Gaza over the coming weeks.
- As a part of the WHO's plan to "resuscitate" Al Shifa Hospital, WHO will facilitate additional emergency medical teams with surge staff to Al Shifa Hospital over the next few days, and aims to provide fuel, food, and medical supplies.

• Core Primary Healthcare Services Package:

- WHO and UNRWA are defining a set of core primary healthcare services MoH based on priority needs, operational feasibility, and high impact health interventions. The basis of this package is the latest version of the Gaza Health Service Package, the UNRWA Emergency Health Assistance SOPs, and the H3 (high priority health services in humanitarian settings package).
- The package will be used by health partners to ensure uniformity in health service delivery during the emergency in Gaza.

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WHO RECOMMENDATIONS

- · Immediate ceasefire.
- Establish and sustain protected humanitarian access for the immediate entry of adequate quantities of humanitarian supplies including fuel, water, food, medicines, and other essential supplies and personnel into the Gaza Strip and unimpeded access for patient evacuation.
- Prioritization of the shipment of fuel to operate desalination plants, hospital generators, ambulances.
- Sustained, orderly, unimpeded and safe medical evacuations of critically injured and sick patients into Egypt.
- Ensure safe passage for medical supplies and civilians within the Gaza Strip. Ensure WHO medical supplies can safely reach major hospitals in Gaza City and North Gaza and hospitals in south Gaza.
- Ensure the respect and the protection of health care as well as civilians and civilian infrastructure against attacks.
- Ensure the injured have immediate and unhindered access to health care.
- · Ensure continuity of essential health services.
- · Rapidly reinforce infectious disease surveillance and control measures.
- **Preserve the function of remaining health facilities** given the fragility of the health system and increasing health needs.
- Restore the functionality of all hospitals and primary healthcare clinics.
- WHO calls for protection of humanitarian space in Gaza following serious incidents in high-risk mission to transfer patients, deliver health supplies.

FUNDING

- WHO released its Operational Response Plan October 2023 January 2024 with a total budget of \$110M. The operational plan supports:
 - 1. Health service delivery, including emergency medical teams and a few complementary field hospitals
 - 2. Public health surveillance, early warning, disease prevention and control
 - 3. Supplies and logistics support
 - 4. Coordination.
- So far WHO has secured approximately \$43.4M with additional \$32M in pledged Funds form partners.
- The inter-cluster Flash Appeal has been revised and the funding requirement for humanitarian health response is \$204.2M* and is targeting 2.5M people in Gaza and West Bank.
 - * Excludes funding requirement for emergency nutrition interventions, as they now fall under Nutrition Cluster

Further information:

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