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Health response to the crisis in Gaza



Overview

Years of occupation, blockade and conflict have weakened the health system in Gaza. Recurrent power cuts and an unstable power supply affect medical care; the functionality of medical equipment has deteriorated due to inadequate maintenance and lack of spare parts; access for 2,000 referral patients is restricted by permits, and there are critical shortages of medical supplies, including essential medicines (28.3% zero stock at central level in June 2014. A tracer study of 48 critical drugs showed 40% were at zero stock at district level and 46% at clinic level in June 2014. Drug stock dropped further in July during the conflict but improved in August following the flow of donations). This has been aggravated by the financial constraints on the Palestinian authority. Even before the recent conflict in Gaza, the health service delivery in Gaza was on the brink of collapse.

The military action in Gaza lasted 51 days during which 2,145 people were killed, and a further 11,231 injured – 10% of whom will likely have long-term or permanent injuries. According to the Gaza Health Cluster Joint Assessment Report, 16 hospitals, 51 primary health care clinics, and 45 ambulances were destroyed or damaged. 23 health workers were killed, and a further 83 injured.

During the conflict, thousands of trauma patients overwhelmed the capacity of medical facilities and depleted already severely limited stocks of medicines and supplies. There was also a huge impact on patients requiring continuous treatment for conditions such as cardiovascular disease, cancers and diabetes, as during

WHO requires US\$ 8.7 million to address the health needs of populations affected by the crisis in Gaza

Photo: Children waiting for their mother outside Al Shifa, Gaza's primary hospital, where an average of 1,200 babies are delivered per month



Referrals of casualties were coordinated by the Ministry of Health with receiving hospitals and sponsoring governments

the conflict treating patients with trauma became the priority. These patients suffered from shortage of drugs, inaccessibility of services and a reduction in the number of referrals outside of Gaza for patients who cannot receive adequate services in the Strip.

WHO activities in Gaza

WHO has ongoing programmes to strengthen the health system in Gaza, to ensure people have adequate, timely and unimpeded access to primary health care and referral services. During the recent conflict, WHO stepped up its operations, providing urgently needed support to the Palestinian Ministry of Health (MoH) and health partners to address the needs of those affected and to rehabilitate the damaged health system. All WHO's work in Gaza is delivered through the MoH.

Communicable diseases: As a member of the national epidemiology committee, WHO works to strengthen the communicable disease surveillance system through training staff, providing cold chain and reagents, and assisting in shipping specimens to laboratories outside of the country. During the conflict WHO helped support the early warning system (EWARN) to monitor 13 communicable diseases on a daily basis in order to detect and respond rapidly to potential disease outbreaks. To date the EWARN system has shown no outbreaks of serious public health concern. This is believed to be due to factors including almost full coverage of relevant childhood vaccinations and a high level of knowledge about

health and hygiene practices among the population.

Non-communicable diseases (NCDs): Four main NCDs (cardiovascular disease, diabetes, cancers and chronic respiratory disease) with shared risk factors (smoking, unhealthy diet and physical inactivity) are the leading causes of mortality and morbidity in Gaza. Management of these chronic, life-threatening diseases is constantly challenged by ongoing shortages of medications, lack of advanced medical equipment and advanced training opportunities for medical professionals. WHO is working to implement a package of essential, evidence-based and cost-effective interventions for detection, prevention, treatment and care of NCDs and their risk factors.

Mental health: WHO is currently implementing a three-year project to strengthen mental health services in Gaza, targeting multiple health system domains: policy development, capacity building of mental health professionals, integration of mental health services into primary care, promoting recovery and long-term rehabilitation, and community awareness and advocacy for service users. WHO coordinates aid to the mental health sector, and has issued a guidance note on post-conflict mental health assessments for the current crisis.

Health supplies and human resources: WHO provides essential drugs and other medical supplies, supports the deployment of medical staff and mobile clinics through health partners, and provides generators and fuel to maintain electricity to health facilities.



Almost half of the hospitals in Gaza were damaged or destroyed during the conflict, including Al Wafa Hospital (above)

Health sector coordination: During the Gaza crisis, the cluster system was reactivated where by WHO as the lead agency for the health cluster together with MOH conducted regular coordination meetings with national and international health partners, to ensure effective coordination of the health response and early recovery of the health sector. WHO and partners are leading and supporting sub-working groups for foreign medical teams, mental health and psychosocial support, and disabilities. For the duration of the conflict, WHO and MoH also established a joint emergency operations room to coordinate, inform, and monitor health needs, assistance, interventions and donations to the health sector.

Health information: WHO has collected and shared information concerning the health situation and needs, including the status of health facilities and the availability of medical supplies. This information supports decision-making, advocacy and emergency response measures. WHO supports the MoH to maintain a comprehensive database of health statistics and profiles of individual health facilities. The publication of the Gaza National Health Strategic Plan 2014-2018, in February 2014, in line with the Palestinian reconstruction and development plan, was an important step in setting a clear framework for development.

Advocacy: WHO focuses on Right to Health issues in Gaza and the West Bank through data collection, research, analysis, reporting and advocacy. During the emergency, biweekly situation reports on the health situation in Ga-

za, press releases and updates were produced. In addition, data on damaged health facilities was collected, and a monitoring report on access for Gaza patients referred to outside hospitals was issued. A WHO advocacy expert was seconded to the joint operations room at the MoH to assist with information and coordination issues.

Assessments: WHO monitored and assessed the impact of the crisis on the health system and the health status of the population, including damage to health infrastructure, the degree of functionality of health facilities and the availability of human resources at health facilities. WHO took the lead in conducting the health component of the Multi-Cluster Assessment (MIRA), and led the health cluster to complete the Joint Health Sector Assessment.

Key health needs

The Joint Health Sector Assessment indicated an urgent need for a systematic, coordinated response to develop a stronger and more resilient health system in Gaza. Key needs identified by the assessment are:

Strengthen health information systems

Health services management: Strengthen management capacities and an adequate evidence base to support best clinical practice. This is contingent on opportunities for training health personnel to develop the health work force, as well as regular payment of salaries to maintain trained staff.

Improve quality and safety in service provision, including specialized services

Patient-centred services: The conflict highlighted gaps in services for people with disabilities and the elderly. These vulnerable groups were disproportionately affected by increased difficulties during and after the conflict in accessing health services and relief distributions. There is a need for specialized and other health facilities, including mobile facilities, to cater for persons with disabilities and elderly people with limited mobility.

Strengthen the provision of primary health care services to address crisis-related non-communicable disease and mental health gaps

Mental health: WHO estimates that up to 20 percent of the total population in emergency-affected areas could develop a mental disorder. This means that about 360,000 people in Gaza could need mental health care in the short and medium term, in addition to those needing

routine mental health care services. The mental health sector will require strengthening through training, provision of psychotropic drugs, rehabilitation and expansion of infrastructure to manage the increased need.

Review emergency preparedness plans and development of comprehensive contingency plans, including prepositioning of essential medical supplies and rehabilitation of health facilities

Capacity of health facilities: Immediate measures include prepositioning sufficient essential medicines and disposable medical supplies, repairing and maintaining medical equipment, and rehabilitation of health facilities. Specific capacity building is required in provision of emergency response services and implementation of preparedness plans.

WHO financial requirements

Intervention	Estimated cost
Strengthen health information systems	\$3.3 million
Improve quality and safety in service provision, including the provision of specialized services	\$1.8 million
Strengthen the provision of primary health care services to address crisis-related noncommunicable diseases and mental health gaps	\$2.3 million
Review emergency preparedness plans and develop comprehensive contingency plans, including prepositioning of essential medical supplies and rehabilitation of health facilities	\$1.3 million
Total	\$8.7 million

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