

# DRUG SHORTAGES IN GAZA

## Background Note to the HC

3 February 2011



World Health  
Organization

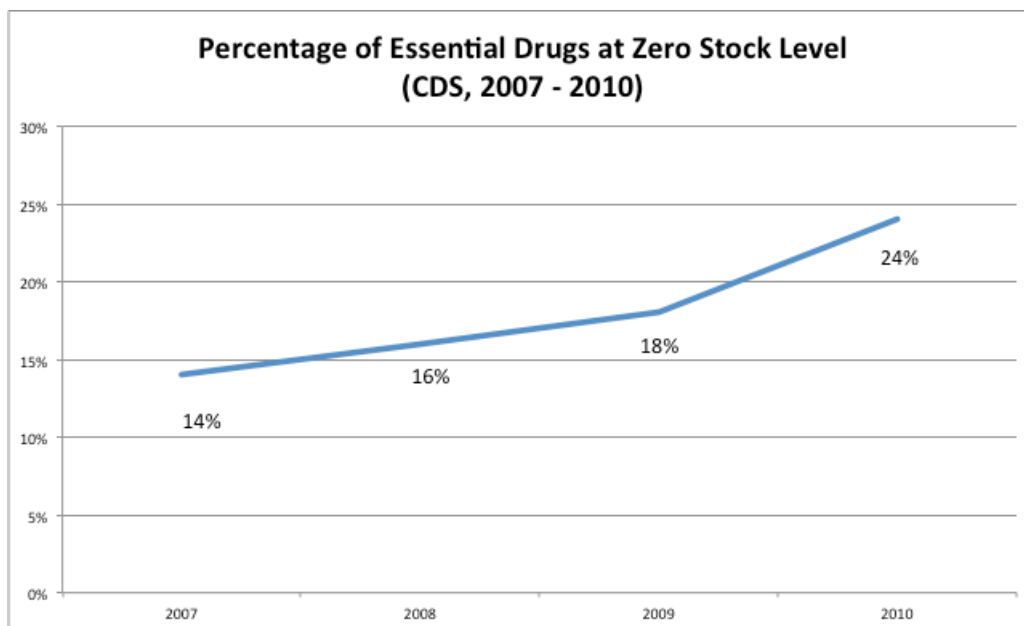
occupied Palestinian territory

### Summary

- **38% of essential drugs were out of stock in Gaza (less than one month's supply at central level) in early 2011**
- **These shortages affect all Ministry of Health facilities, which provide 40% of primary health care and 80% of hospital care services in Gaza.**
- **Various coping mechanism mitigate the full impact of the shortages on patients and the health system but the risks to health are serious.**

### Background

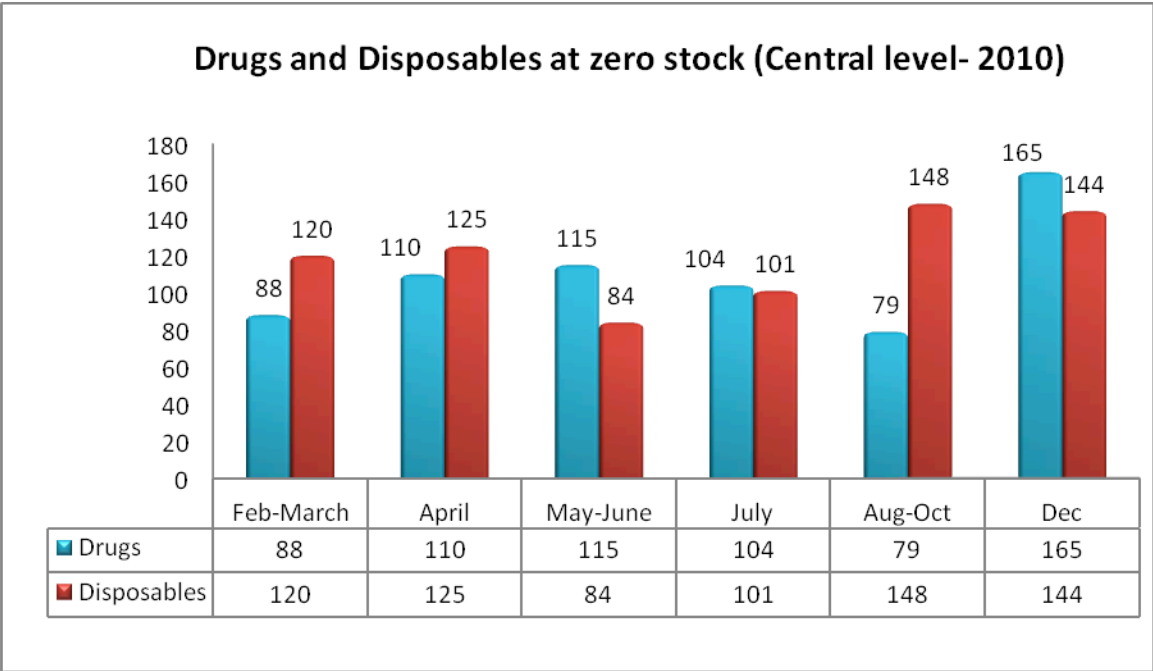
The essential drugs list comprises 480 drugs while the essential medical disposables list comprises 700 items. These drugs and disposables are considered necessary for the provision of essential health care. Disposables include a wide variety of essential items such syringes, line tubes and filters for dialysis or dressing materials. Stocks depleted to less than 1 month of supply at the Central Drug Store (CDS) in Gaza are counted as “zero level stock” prompting an urgent request to the Palestinian MoH in Ramallah for re-supply. However, hospitals and clinics also hold stocks and shortages at the CDS level may not immediately be reflected at clinic level.



The CDS supplies all 13 MoH hospitals (1937 beds) and 54 MoH clinics. These health facilities provide 40% of Gaza’s primary health care (covering 600,000 people) and 80% of hospital care services. The Palestinian MoH in Ramallah is responsible for providing drugs to MoH facilities in both the West Bank and Gaza. Since 2007, the percentage of drugs at zero level stocks in Gaza’s CDS has been growing (see the figure above).

**Current situation**

In mid-January 2011, when the last inventory at the CDS in Gaza was undertaken, 183 drugs out of 480 (38%) and 160 disposables out of 700 (23%) reached zero stock level. By comparison, 165 drugs and 144 disposables were at zero stock level at the end of December 2010. The MoH in Ramallah delivered a large shipment of drugs to Gaza on 2 February. This is expected to cover about 130 of the 183 out-of-stock items but the delivery has not been itemised by the CDS



**Coping mechanisms**

Various coping mechanisms mitigate the impact on the population:

1. Patients approach non-MoH health providers such as NGO’s and UNRWA for the drugs they need: Several health providers reported increased number of patients asking for drugs, in particular drugs which are not normally dispensed by their primary health centres. Examples are cancer drugs, drugs for patients with kidney failure, congenital heart disease or immunosuppressant drugs for transplant patients.
2. Doctors prescribe alternative drugs which may be less effective or have worse side-effects.

3. Patients buy drugs at their own expense from the private market or ask family members for support in buying drugs. While the quality of these drugs is generally good, affordability for the impoverished population of Gaza is a major issue.
4. Some patients may be referred for treatment outside Gaza. The exact impact is not traceable for the time being as referral documents only state the medical condition of a patient and not the drugs prescribed. A possible indication of the impact of drugs shortages on referrals, however, is the fact that referrals from Gaza for chemotherapy, a cancer therapy based on a combination of several drugs, rose from 165 in 2009 to 394 in 2010.

### Effects of shortages on patients and the health system

The effects of the shortages on patients are hard to measure partly because of the coping mechanisms. However the following are some examples of the impact:

- At Shifa, Gaza's biggest hospital, 260 cancer patients were undergoing chemotherapy in early February. The effectiveness of the therapy depends on the combination of a number of different drugs. For 100 of these patients, at least one component of the therapy was missing at the time of writing and the success of their therapy thus in jeopardy. Doctors in the oncology department also reported a higher number of patients than usual abandoning treatment and not showing up for follow-up consultations: It is assumed that some might have died, while others might have tried to leave Gaza on their own to get treatment abroad<sup>1</sup>.
- Sheikh Radwan Health Care Center in Gaza City, the biggest in the Gaza Strip had completely run out of antibiotics at the time of the WHO's visit on 2 February. This means that some of the most basic infections, such as pneumonia, diarrhoea or skin infections cannot be treated. A doctor who was freshly transferred to the clinic reported that the same was the case in his former clinic.
- Ventolin, a drug required to treat asthmatic patients – in particular children – was reported unavailable at all primary health care centres in Gaza. The drug is also completely out of stock at the Central Drug Store.
- Some hospitals report reusing disposables, which increases the risk of infections and compromises patients' safety.

More generally, the wait for prescribed drugs may lead to longer hospital stays and slower recovery, affecting patients health and generating additional costs for Gaza's over-stretched health system

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<sup>1</sup> The closure of Rafah border crossing since 30 January due to the unrest in Egypt is worrying in this respect. Rafah is the only way out of Gaza for patients who are not officially referred abroad or who are denied a permit by the Israeli authorities to pass through Erez. On average, 500 patients per month, mostly with chronic diseases, pass through Rafah. Furthermore, some ad hoc medical donations come in through Rafah.

## Donations of drugs

Gaza receives large donations of medical supplies through the Rafah crossing. However, these mostly include items such as equipment, beds, even food, as well as drugs, and are not coordinated with the MoH so take no account of actual needs. Some of the drugs are not needed in Gaza (e.g. anti malarial), are already in adequate supply or are expired and none have been quality assured. The task of storing and sorting the donations, carrying out quality checks and safely destroying the unwanted supplies places an added burden on the MoH. The diagram below illustrates the process.

