

## **Critical issues in health services in Gaza: One year after the summer 2014 war**

**25 AUGUST 2015: Reduced health staff in Gaza:** “The shortage of health staff is critical and unprecedented,” according to Dr. Ashraf Abu-Mhadi, in the Ministry of Health. In order to cope, the ministry is using volunteers and closing units and has a contingency plan for cutting services or merging them into fewer facilities. Ministry officials are concerned about deteriorating quality of care due to the conditions, loss of staff and lack of outside training for upgrading skills of medical staff over the past eight years of the blockade. The gap between the West Bank and Gaza in the rate of physicians per 10,000 population widened from 2009 to 2012<sup>1</sup> by 30% due to these pressures, as well as to the higher birth rate in Gaza.

With reconciliation efforts foundering, almost half of the 11,000 Ministry of Health workers in Gaza have not had regular salaries since June 2014. Dr. Abu-Mhadi reported that staff are demotivated and are working in poor conditions, without sufficient support, undertrained, and facing shortages of supplies and electricity. Nurses on maternity leave have chosen to take one year unpaid leave rather than return without salaries. Ministry officials reiterated to WHO that the salary issue was the “top priority issue.” The ministry has not been able to hire new staff or replacement staff in more than one year. Dr. Abdul-Latif Al-Haj pointed out, “We currently have a severe shortage of anesthesiologists and intensive care staff. We also need 400 nurses immediately in order to sustain health services.” Among those who have left Gaza to work abroad or immigrate are critical specialists, such as one of Gaza’s few open heart surgeons.

Dr. Abu-Mhadi reported that two work programs for 1300 workers that had temporarily filled the gap in staff shortages have now ended. Medical and nursing students and volunteers are used to fill some manpower gaps.

The consequences are that New MoH health facilities and units cannot open due to the lack of both staff and resources, such as the newly completed 100-bed Indonesian-funded hospital in North Gaza, maternity and pediatric department in Al-Aqsa hospital, and a main building for Nasser hospital in Khan Younis. Five new and fully equipped operating rooms in Shifa cannot be opened because of the staff shortage, and one of two operating theatres in Beit Hanoun have been closed and in Beit Lahiya surgeries are restricted only to the day shift. The open heart surgery unit in European Gaza hospital was closed in June due to lack of staff and medical disposables and patients referred to Shifa. Patients waiting for elective surgery are seeking care in private or NGO hospitals and paying out of pocket. Patients are also being referred out of Gaza for treatments not available, however Dr. Al Haj estimated that 20% of patients have problems with accessing referral treatment outside Gaza.

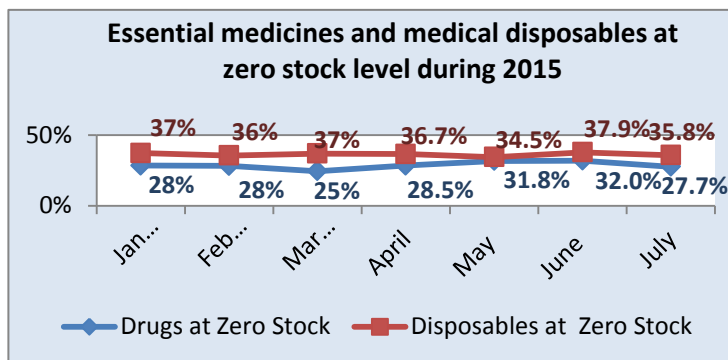
**Shortages of medicines and medical disposables:** The chronic shortage of drugs (28%) and medical disposables (36%) in MoH facilities is increasingly affecting quality of care and curtailing critical services. Blood samples for screenings for phenylketonuria (PKU) and hypothyroidism, which should be

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<sup>1</sup> Data from World Bank 2015.

performed for newborns within 2 weeks after birth, have been kept frozen and processed as testing materials become available in the laboratories. The MoH reports 60% of laboratory materials at zero stock.

In July 2015, 4 drugs used to treat hemophilia and thalassemia were at zero stock and the remaining 3 drugs were at critical levels of less than 3 months' supply; 54% of medicines for treating infections and 40% of chemotherapy drugs were at zero stock. Medicines used by chronic patients at primary health care level are also in short supply, especially



psychiatric drugs and common heart disease medications, forcing patients to pay out-of-pocket or go without. The zero stock lists of medical disposable materials were particularly high for dental health services (95%), open heart surgery and heart catheterization (78%) and ophthalmology (66%).

**Fuel/ Electricity supply:** Fuel crisis in the MoH is still ongoing and services provided to patients in critical care units are at special risk, including ORs, ICUs, ERs, and hemodialysis units. Long blackouts occurred recently when the power station in Gaza had a fuel shortage and recurrent damages of the main lines from Egypt have affected the health sector. Hospitals have consumed planned reserves in order to power generators during longer cuts (1000 litres of fuel per hour - NIS 6,000/hour). WHO, OCHA and UNRWA intervened several times in the last two months to replenish MoH hospitals' fuel supplies, despite emergency measures in place over the past 2 years to conserve power.

**Food services:** The MoH has been depending on food materials donated by WFP and by local organizations to the hospital kitchens for the past year but the supply is not stable.

**Reconstruction:** Many damaged health facilities are still waiting either for rebuilding or maintenance. The major problem in progress of reconstruction efforts is the small amount of building materials permitted to enter into the Gaza Strip. The rebuilding of al Wafa hospital, which was totally destroyed, has not begun. Four PHCs out of 53 clinics with minor to moderate damage requiring rehabilitation still require funding of \$200,000. Other damaged clinics have donor funds allocated for rebuilding but are delayed due to the shortage of construction materials, forcing thousands of patients to seek treatment at clinics farther away.

**Urgent development needs:** A Ministry of Health representative said that much needed health development plans have been put on hold due to the financial crisis: "Our opportunities for training are limited and confined to local training. We work on some guidelines, on quality and rationalization but our needs are greater. We need development in tertiary care, neurosurgery, heart surgery, orthopedic surgery, pediatric care, neonatal intensive care, and in more advanced laboratory services such as a metabolic laboratory and more." Computer and information system needs are also high on the priority list for the Ministry to be able to better monitor shortages in supplies for laboratories, fuel, food, cleaning, cooking gas and medical gases.