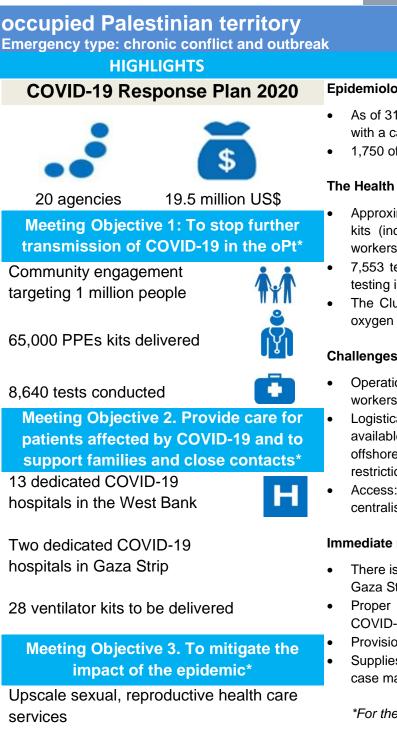


HEALTH CLUSTER BULLETIN **MARCH 2020** 04 March - 31 March 4





Caption: WHO delivers essential supplies to Gaza

HEALTH SECTOR

Epidemiological analysis:

- As of 31 March, there are 119 cumulative cases confirmed, with a case fatality rate of 0.8
- 1,750 of people are currently under guarantine

The Health Cluster partners have delivered:

- Approximately 65,000 Personal Protective Equipment (PPE) kits (including all necessary items) to help protect health workers
- 7,553 tests have been conducted but the need to scale-up testing is critical
- The Cluster will deliver 28 complete ventilator sets and 15 oxygen concentrators.

Challenges:

- Operational: movement restrictions of staff and healthcare workers
- Logistical: global and local shortages of essential supplies available in the market and challenges on in-country and offshore movement of medical supplies due to transport links restrictions
- Access: challenges in obtaining Israeli approval for a centralised ambulance dispatch centre.

Immediate needs:

- There is still a significant shortage of PPEs, particularly in the Gaza Strip with a current availability of only 2,500
- Proper prevention, detection and case management of COVID-19 is restricted by the limited access to testing
- Provision of essential laboratory supplies
- Supplies to COVID-19 hospitals in the oPt to support the case management of clinical COVID-19 cases.

*For the period 4 March – 31 March

COVID-19 Situation update

On 11 March, WHO officially declared COVID-19 a pandemic. Across 110 countries, 118,319 laboratoryconfirmed cases of COVID-19 have now been reported, including 4,292 associated deaths (CFR=3.6 per cent). Data to date suggests that 80 per cent of COVID-19 infections are mild or asymptomatic, 15% result in severe infection requiring oxygen, and 5% are critical infections requiring ventilation.

In the Eastern Mediterranean Region (EMR), more than 53,000 cases of COVID-19 have been confirmed in 21 countries, including more than 3,099 deaths, as of March 31 2020. Iran represents more than 83 per cent of cases recorded in the region and 93 per cent of all deaths,

In the occupied Palestinian territory, a total of 119 cases have been reported, including one death (CFR 0.8) as of 31 March 2020. Data suggests that most of the cases doesn't have clinical symptoms and few are mild. A total of 7,553 samples have been tested (6,808 in WB and 762 in Gaza)¹.

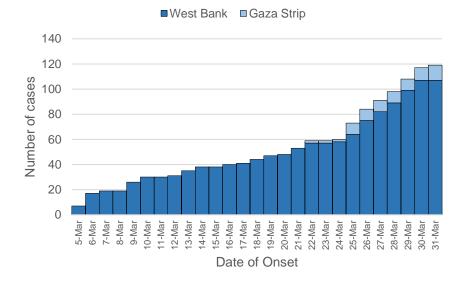
Based on the current epidemiological situation in the EMR, with the rapid spread of cases in neighbouring countries, the risk to oPt is considered **very high**. Additional risk factors include:

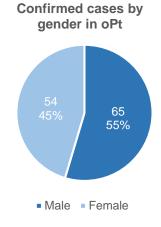
- High prevalence of non-communicable diseases and smoking amongst the population will result in increased severity of COVID-19 cases
- Large number of vulnerable people with limited access to health care, particularly in Area C, seam zones, and H2
- An estimated 55,000 Palestinian workers returning to oPt from Israel pose risk to their families and communities if infected while in Israel
- Fragile public health system with a limited-moderate response capacity particularly limited in the Gaza Strip where chronic shortages of medicines, disposable, equipment and trained personnel will have a knock-on impact to the capacity of the health system to adequately response.

¹ As of March 31, 2020

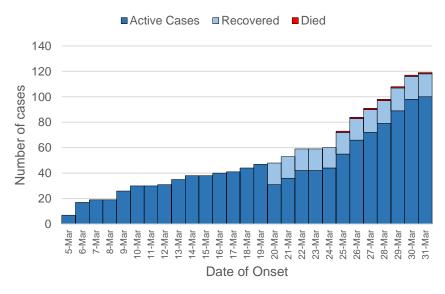


Confirmed cases by date of onset in oPt 5th March 2020 - 31st March 2020

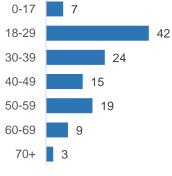




Status of confirmed cases by date of onset in oPt 5th March 2020 - 31st March 2020



Confirmed cases by age group in oPt



Gaza Analysis:

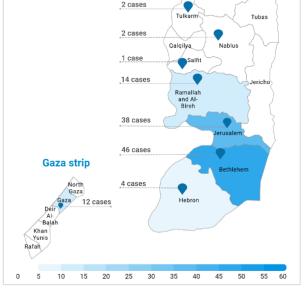
Confirmed cases by location in oPt

West Bank

Jenir

Given the high fragility of the Gaza health system, the impact of COVID-19 can have detrimental consequences.

- As of the 31 March, there are 12 positive COVID-19 cases in Gaza. All cases are under medical observation at designated health facilities. Contact tracing was initiated for all cases
- The first two cases were detected on 22 March, having returned from abroad. They were quarantined, however, during the quarantine period, seven security workers were infected.
- On 30 March, the 10th positive case was identified at one of the quarantine centres at Blue Beech Hotel.
- One 31 March, an additional two cases were confirmed at Blue Beech Hotel quarantine centre.
- It is suspected that the primary source of transmission is from those returning from abroad.



The lack of strict measures at the quarantine centre at Rafah in the first week, led to increased exposure of the virus. On the 31 March, 40 samples were collected to test all those who were previously at Rafah quarantine centre; the results will be shared in early April.

Priority needs for COVID-19

The focus of the Health Cluster in the oPt is to reinforce comprehensive, multi-sectoral response to the outbreak of COVID-19, while continuing, to the extent possible, principled programme delivery and provision of life-saving assistance across the country.

The key priorities are:

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- Enhancing capacity to identify, trace and isolate cases, with a critical need to expand laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE and communities;
- Ensuring proper case management of all cases and
- Raising awareness and risk communication.

The specific context poses considerable challenges in the oPt. This includes: a fragile health system, insufficient water and sanitation infrastructure, significant existing vulnerable populations reliant on humanitarian aid, ongoing hostilities; and challenges procuring essential supplies including due to restrictions imposed by the blockade. For a detailed list of the needs and response, please refer to: <u>https://bit.ly/3bBtPAf</u>

On 26 March 2020, the Palestinian Authority (PA) released the National COVID-19 Response Plan that outlined the strategic measures from a number of key sectors, including health, economy and social protection to contain the outbreak. The amount of \$120 million planned by the PA for a period of 90 days is needed to support the proposed measures.

Below is a brief snapshot of some of the key areas necessary for an immediate COVID-19 response for oPt:

Minimum Immediate Needs in oPt for COVID-19
COVID-19 full PPE kits ² : 800,000
COVID-19 tests: 20,000
Ventilated beds with fully supplies: 200
Laboratory reagents: 114 items
Trained staff needed for the dedicated COVID-19 hospital in oPt:
 Doctors: 600 Nurses: 2,000
Rapid response teams: 15 (1 per governorate)
Essential disposables: 16 essential items
Essential medicines: 50 essential items

Key assessments:

WHO assessment on the readiness of the Gaza Strip's dedicated COVID-19 hospital

Towards the end of March, WHO conducted an assessment on the readiness of the designated COVID-19 hospital (European Gaza Hospital) located in Khan Younis governorate. Key preliminary findings:

- When the hospital has been emptied, there will be 280 beds for moderate cases and the potential for 54 ventilated beds, if skilled staff are available. However, currently ventilated beds are limited by availability of equipment, including actual beds. For now, local health authorities have agreed to move ventilators from other Gaza hospitals pro-actively, as demand dictates so that ventilated bed occupancy can be maximized to at least 70; more support is urgently needed.
- Local health authorities have commenced training of health workers in both COVID-19 case tracing, management and infection prevention and control measures, including the correct use of Personal Protective Equipment.
- WHO identified that the oxygen supply to the hospital was inadequate; this is now being rectified by health authorities. Nonetheless, at least 200 additional oxygen concentrators are needed.
- WHO identified inadequacies in the disposal of liquid and solid contaminated waste, which may pose an additional risk to patients and health workers. UNDP are offering assistance to support the MoH.
- WHO have worked with the hospital to develop triage sites, patient and staff flow pathways.



² Full PPE kits should include gown, surgical mask, N95 mask, gloves, surgical gloves, plastic apron, surgical hood, face shield, coverall, and shoe cover and safe disposal bag.

Impact on the health service delivery

Impact on Ministry of Health primary and secondary care services

Strict measures have been taken by the Ministry of Health (MoH) at the primary health care level and the secondary care level as resources are being diverted to respond to the growing COVID-19 related needs.

In the West Bank specifically, central clinics have been requested to provide care for only acute emergency cases. Over 52,000 outpatient appointments (monthly) will be delayed within the West Bank to prioritize response to COVID-19. Hospitals in the West Bank have suspended their outpatient clinics and all elective surgeries. About 4,500 elective surgeries (monthly) are likely to be delayed as a result of the preparedness measures for possible management of COVID-19 cases.

In the Gaza Strip, according to health authorities, only seventeen primary healthcare centers are functioning out of the 52 and two health centers have been converted to quarantine areas. Four hundred doctors, nurses and administrative staff were mobilized to support the quarantine centers. Meanwhile, breast cancer screening has stopped and limited only to diagnostic services. Routine NCD patient care has also been postponed, in addition to early child growth and development services, oral and dental health services and physiotherapy. Meanwhile, all hospitals in Gaza have postponed elective surgeries and outpatient services. 4,000 elective surgeries (in addition to over 8,000 existing cases) have been postponed due to preparedness measures for possible management of COVID-19 cases.

Additionally, about 1,300 medical cases cannot be referred to hospitals outside Gaza due to crossing closure³.

Impact on Sexual and Reproductive Healthcare

- In the next 3 months, there will be 30,000 births in the oPt and it is essential to ensure that pregnant women can continue to access ante-natal services and information, give birth safely, and receive necessarily follow up.
- Some partners are working to continue services, although scaled back, and are adapting; for example, through online awareness, hotlines, and creating specific days only for maternal health services. MoH continues to provide antenatal and postnatal care for high risk pregnancies. Other partners have stopped providing services altogether due to lack of sufficient PPE. It is important to continue to provide inperson maternal health services for all pregnant women, as long as sufficient infection prevention and control measures are in place.
- Challenges in delivering care include;
 - Lack of adequate PPE for maternal health staff,
 - Pregnant and lactating women not attending services out of fear (some providers report up to 90% decrease in attendance)
 - Lack of public transportation to reach health facilities.
- UNFPA supported MoH in Gaza with 3,500 leaflets on safety measures for those released from quarantine, including for pregnant and lactating women. UNFPA is procuring PPE for healthcare workers providing maternal health services and is working with MOH and partners to ensure maternal health services continue to the greatest possible extent.
- WHO supported MoH in the preparedness for COVID-19 in mother and newborn health. A committee has been formed to discuss both protective measures in quarantines and facilities. In addition, a management plan and patient flow has been discussed with special consideration on intrapartum care and care for newborn for mothers with suspected or confirmed COVID-19.

³ COVID-19 Response Plan, prepared by the Humanitarian Country Team

Vulnerable groups

Evidence has shown that the groups of people most vulnerable to the development of severe illness due to the COVID-19 are the elderly, and those suffering from hypertension, pulmonary and cardiovascular diseases, cancer and diabetes. The demography of the oPt indicates a large proportion of such high-risk groups, with high prevalence of non-communicable diseases.

Cluster preparedness and response to COVID-19

Risk communication & community engagement

- UNICEF and WHO have developed and launched a Risk Communication and Community Engagement Plan (RCCE plan) for COVID-19 in the oPt in support of the government, including the PM's Office and the Ministry of Health. The RCCE Plan has amplified health messages for COVID-19 and tackled misinformation across radio, TV, billboards and social media; utilized influencers and established a dedicated website, with the support of UN and partner agencies (including clusters), INGOs and NGOs. The RCCE Plan is supported by a taskforce which includes the MOH, Bank of Palestine and the Palestinian International Cooperation Agency.
- In close coordination with key implementing partners and health authorities, UNICEF is supporting the
 introduction of hotlines for promotion and protection of appropriate nutrition among pregnant, lactating
 women and infants and young children. The hotline services will be introduced through two NGOs in Gaza
 and West Bank and the most vulnerable women and children will have access to nutrition and hygiene
 and COVID prevention counselling.
- **MDM Spain** is working towards enhancing knowledge, attitudes and practices findings on Bedouin communities West Bank to inform awareness materials.
- **PMRS** hired 1,000 volunteers in the effort to promote good hygiene practices about sanitation. Currently, PMRS has volunteers active in Bethlehem who are delivering essential items to families in quarantine. In addition, PMRS is disseminating key information through nine local radios. In Gaza, PMRS printed and distributed 1,000 posters, 10,000 leaflets and 20,000 booklets about COVID-19 prevention for community. Also, PMRS distributed 100 community hygiene kits for elderly with NCDs and is preparing other 500 community kits to be distributed soon.
- **Premier Urgence Internationale (PUI)** is using 194 volunteers in the West Bank (50 women and 144 men) to disseminate information to vulnerable communities in Area C.
- War Child Holland has been distributing information and awareness material to the marginalised communities including Tal Rmediah, Al Ramadin, Athori, Old City Silwan and in Gaza.

Protecting Health Workers and Communities through capacity building on IPC and supplies

- WHO has supported numerous training sessions for health staff on infection prevention and control (IPC) in the West Banks and Gaza Strip, WHO has also procured and delivered personal protective equipment to ensure an estimated 2,000 health workers are protected in Jericho. WHO provided MoH in Gaza and West Bank with five types of personal protective equipment for an estimated 100 health workers. A new round of training sessions for health workers on IPC will start in Gaza next week.
- World Vision Jerusalem has delivered PPEs and IPC supplies to eight health directorates in the West Bank, in addition to 135 village councils and 97 clinics located in communities and 3 refugee camps in Bethlehem.
- **UNICEF** has delivered 60,000 protective gowns and 13,00 surgical marks to the central store in Nablus. UNICEF has also supported 15 implementing partners in the oPt, (9 in Gaza and six in the West Bank) through the procurement of essential supplies, targeting NGOs and CSOs dealing with children and disabilities.

- **MAP** released 200 hygiene kits for the people quarantined in schools in Rafah and Khan Yunis benefitting 800 to 1,200 people. In addition, MAP released 2,000 PPEs to the CDS in Gaza.
- CARE International delivered 400 household kits targeting 400 vulnerable families in quarantine. prioritising female headed households, economically vulnerable, and families with elderly and people with disability covering Gaza and West Bank. CARE International will also support 50 medical teams in West Bank and Gaza in COVID-19 case management working with the PRMS and UHWC in Gaza, estimated to reach approximately 102,065 people, of which 60% are women.



Caption: MDM – F delivers essential supplies

- **ACTED** provided pre-screening tents for suspected COVID-19 patients and personnel to 2 healthcare facilities in Hebron Governorate: HWC clinic in Halhul and Al Ahli Hospital. ACTED anticipate 17 more tents for the Hebron governorate and likely more for other parts of WB.
- **PHR-I** procured essential infection prevention supplies, including 200 gloves, 2,000 headcaps, 450 isolation gowns, 500 hand sanitizer and 5000 over-shoes covers.
- Taawon delivered 350,000 gloves, 25,000 sterile gowns, and 2,000 antiseptic hand gel.
- **MDM-France** delivered hand sanitizers, cannulas and disposables gloves to MoH Gaza. In the coming week, MDM-France will also provide some essential medicines.

Enhancing laboratory capacity to test for timely detection contact tracing, isolation;

- WHO is providing technical guidance to strengthening surveillance and upscaling the testing, contact tracing and isolation across the oPt. To support the scale-up of COVID-19 testing, to-date, WHO provided testing kits to conduct an estimated 5,760 tests alongside with swabs for collection of samples and other laboratory supplies required for COVID-19 testing. More testing kits and laboratory equipment and supplies have been ordered and are expected shortly.
- **WHO** supported the health authorities to train 50 health workers of the rapid response teams who are responsible for contact tracing in Gaza. A total of 100 rapid response team members have been trained.

Ensuring proper case management, and treatment;

- WHO conducted three site visits to designated COVID-19 hospitals in the West Bank and in Gaza. Based on these visits, WHO have highlighting potential risk areas and recommendations for the safe and efficient development of the hospital, including within the Gaza context. WHO is also purchasing 25 types of medical disposable items to be used in health facilities designated to treat COVID-19 patients in the Gaza Strip using the Humanitarian Pool Fund reserve allocation. Additional medical equipment for intensive care units is also being procured.
- **UNICEF** is finalizing the list of required equipment for 25 ICUs stations in Gaza and West Bank. The offshore procurement for provision of 15 oxygen concentrators will be completed by April.
- **PRCS** is the main actor for transporting suspected cases and confirmed cases to designated pre-agreed facilities.
- **PMRS** in the West Bank, have been continuing to deliver healthcare services through their mobile clinics and fixed clinics. They are also referring suspected cases to the MoH and supporting contact tracing. In Gaza, PMRS is preparing six mobile clinics in the Gaza Strip to provide emergency health care services to people in need, during curfews.

- **PCRF** is delivering 4-5 portable X-ray machines to Gaza to support with the key hospitals responding to COVID-19.
- UNRWA Gaza Field Office: During the month of March, UNRWA established 22 medical points connected to its health centers in order to separate patients with respiratory symptoms. The number of medical consultations at UNRWA health facilities was 110,916 of which, 19,124 were patients with respiratory symptoms. UNRWA has also established a free hotline services to provide medical consultation to beneficiaries over the phone.

Challenges

The impacts of COVID-19 is presenting challenges across multiple fronts, including operational challenges, such as movement restrictions and quarantine of healthcare staff, to logistics, such as market availability of supplies.

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff where needed. In the West Bank, MAP-UK have stopped their mobile clinic service to Jericho Valley, PMRS' Bethlehem mobile clinic team are in quarantine for two weeks, halting their services; and the PCPM (Polish Centre for International Aid) was unable to deploy their experts to the West Bank. In the Gaza Strip, MSF France have stopped their services at the osteomyelitis treatment centre.

Further challenges as a result of access to Gaza is hindering the capacity of the response. WHO's support in establishing a centralised ambulance dispatch centre, has been delayed due to the restrictions of essential supplies by Israeli authorities. A centralised dispatch centre is essential in the management of the COVID-19 response and without such a dedicated ambulance dispatch centre, the effectiveness of an outbreak response can be compromised.

Delivery of other services

Under the Trauma Working Group, the following activities are ongoing:

- WHO has delivered the following to the Limb Reconstruction Unit at Nasser Hospital: orthopedic implants and supplies, physiotherapy equipment, office furniture, IT equipment etc. Until the recent closure of elective surgeries, WHO had deployed a senior anaesthetist, senior orthopaedic surgeon, a rehabilitation specialist and mental health consultant. WHO has now repurposed some of its activities to meet the increasing COVID-19 related needs
- UNICEF delivered 35 trauma bags to Gaza to address the needs of health facilities in essential medical supplies
- MDM- Spain is delivering surgical supplies
- UNRWA is continuing to supply assistive devices, artificial limbs, medical beds and mattresses as well as
 provision of PT services
- MSF is continuing to provide services through the designated MSF post-operative clinics
- PMRS in Gaza, is continuing to provide post-operative services for injured people receiving limb reconstruction services. PMRS is currently following up with 247 injured out of 1,445 injured registered in PMRS since the beginning of GMR. PMRS is also provided artificial limbs.

Under the Nutrition Working Group, the following activities are ongoing:

• PMRS is working towards improving access to adequate health and nutritional care services for children under five and women in Access Restricted Areas of Gaza Strip in partnership with AEI and RCS4GS; so far, 1,420 children and 1,360 women received health and nutritional care services.

Health Cluster Action

The Health Cluster COVID-19 Response Plan requests US\$ 19.5 million to respond to the COVID-19 outbreak needs for a period of three months. The plan is designed to guide a coordinated health response in support of the MoH and the overall government efforts. As more is learnt about the virus and the key risk groups, resources will be targeted accordingly to support the most effective public health and multi sector interventions to protect the health of all, with an emphasis on the most vulnerable.

It aims to support the scaling of testing capacity up to an estimated 20,000 COVID-19 tests. Respiratory support and intensive care treatment capacity will be scaled to support up to 150 additional beds. Furthermore, the Plan aims to target at least 1 million Palestinians with public health messages on preventive measures and on means for effective protection from COVID-19 infection. At least 5,000 health workers would be supported with IPC measures, including with PPE.

A reserve allocation in support of the COVID-19 response of \$ 1 million has been released to WHO. A second standard allocation is underway in order to respond to the COVID-19 emergency. Approximately \$2.7 million will be distributed to agencies for essential supplies for the Gaza Strip.

Key resources

General information <u>Technical guidance</u> <u>COVID-19 Response Plan, prepared by the Humanitarian Country Team</u> <u>State of Emergency: Palestine's COVID-19 Response Plan</u>

Contacts:

Dr. Gerald Rockenschaub |Head of WHO oPt Office | rockenschaubg@who.int

Dr. Sara Halimah | WHO oPt Health Cluster Coordinator | halimahs@who.int

Alice Plate | WHO oPt Communications Specialist | platea@who.int