Highlights

- The latest figures provided by the Ministry of Health (MoH) indicate that two Palestinians were killed and 733 were injured by Israeli forces, during the demonstrations, from the 14th to the 27th August.

- Out of the total 733 injuries, 325 required transfer to the MoH hospitals or to NGO clinics, including 71 children and 22 females. From the hospitalized injuries, six cases were critically life threatening, 127 moderate, 187 mild, and the remaining five were unspecified cases. Refer to Figures 1 and 2 on the following page.

- The MoH and Palestinian Red Crescent Society (PRCS) set up nine Trauma stabilization Points (TSPs). 408 injuries were managed and directly discharged at the TSPs. WHO continues to strengthen capacity of the TSPs across Gaza to provide life-saving interventions.

- Gaza’s 14 public hospitals rely on donated fuel to run generators during the electricity black-outs, which last 18-20 hours per day. The last batch of UN donated fuel, approximately 370,000 litres, entered Gaza via Karem Shalom on the 12th and 13th August; and there is currently no funding to procure more fuel. As a result, the UN funded emergency fuel will completely deplete in less than two weeks, forcing public hospitals to significantly reduce essential services. Intensive care units, operating theatres and other critical units will face interruptions. This will be immediately life-threatening for over 4,800 patients a month relying on electrical devices, including neonates in incubators. An additional 120,000 patients regularly receiving treatment at the hospitals will also be immediately affected and 1.27 million people relying on public secondary healthcare will be impacted. There is also an increased risk of waterborne disease and outbreaks across Gaza as fuel is also needed for sewage systems.

- In July, the Central Drug Store of the MoH in Gaza reported that 48% of essential drugs were at less than one month’s supply and 40% were completely depleted. In addition, 29% of essential disposables were at less than one month’s supply.

1 Source: Ministry of Health
Caseload of casualties related to the conflict

- **Casualties:** Since the 30th March until the 27th August, 177 people have been killed\(^2\). 162 people were killed by Israeli forces during the demonstrations and 15 people killed by Israeli attacks. The total figure of people injured amidst the conflict since the 30th March stands at 18,739. From this total, 8,967 were treated and immediately discharged from the TSPs and the remaining 9,772 were transferred to a hospital.

- **Emergency Department (ED):** Out of the total 9,772 injuries that arrived to the emergency department:
  - 48% were live ammunition gunshot injuries, at a total of 4,649 cases.
  - 1,642 were children (17%), 658 (7%) were female and 9,114 (93%) were male.
  - 423 (4%) cases were critical, 4,420 (45%) were moderate, 4,733 (48%) were mild and 196 cases were unspecified.

- **Incidence of limb injuries:**
  - A total of 6,070 limb injuries arrived to the emergency departments in the hospitals.
  - Approximately 1,200 cases of injured people will be in need of limb reconstruction, and will require up to 7 surgeries and extensive rehabilitation and treatment for up to 2 years\(^3\).
- **Amputations:** Since the 30th March until the 27th August, the total number of amputations was 74, including 14 children and 1 female. Out of this total, 66 were lower limb amputations and 8 were upper limb amputations.

- **Paralysis:** Since the 30th March until the 27th August, the total number of patients with paralysis due to spinal cord injury was 11, two of which have died, with 9 cases remaining.

- **Patients discharged early:** Patients are being discharged early every week to make room for a new wave of expected casualties. Approximately 700 patients have been discharged early since the 30th March. These patients are being requested to receive trauma care from Health Cluster partners.

- **Elective surgeries postponed:** Since 30th March, according to the MoH, approximately 7,500 elective surgeries have been postponed due to an influx of trauma casualties, lack of bed capacity and limited availability of electricity from the mains supply.

### Depleting essential medicines supplies

The Central Drugs Store in Gaza supplies all 14 MoH hospitals (2,243 beds) and 49 MoH primary healthcare clinics in Gaza. These health facilities provide 40% of Gaza’s primary healthcare covering approximately 600,000 people and 90% of all hospital care services.

According to Gaza’s Central Drug Store Ministry of Health, at the end of July, 249 essential medicines out of the total 516 essential medicines list (48%) were at less than one month’s supply and 206 essential medicines (40%) were completely depleted at the MoH store in Gaza. In addition, 250 essential disposables out of the total 853 essential disposables list (29%) were at less than one month’s supply. See figure 3 below.

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*According to Al Salama Society*
On the 12th August, in Gaza, shortages in cancer drugs have reached around 85%, which halted the provision of all cancer services in the Gaza Strip. Following this, the MoH has released 29 cancer drugs from the central drugs store in Nablus, West Bank on the 14th August. According to the MoH, 12 items will cover the need for one month and the remaining 17 will cover the needs for three weeks.

Electricity crisis in Gaza

The health sector in Gaza relies on donated fuel to run backup electricity generators in order to sustain the minimum critical health services. Every month, approximately $ 500,000 USD is needed to purchase fuel for the generators in order to sustain 58 hospitals and critical health facilities. However, the current UN donation is only enough to sustain the critical health services until the 31st August 2018.

Meanwhile, the MoH has continued to implement drastic measures to rationalize the remaining donated fuel. Only 32 health facilities, from the initial 58 health facilities, are now supported through the UN fuel programme.

Key services in the 14 public hospitals, such as elective surgery, sterilization and diagnostic services continue to work at reduced capacity. In July, the waiting time for elective surgery was 56 weeks, which is well beyond the Ministry of Health (MoH) threshold of 24 weeks. Delays of necessary surgical interventions may involve a prolonged period of suffering and ill health, and affects the psychological and social life of the patient. In some cases, this can lead to further medical complications.

The extended power cuts mean that generators become increasingly overused. The more heavily generators are used, the more quickly they will degrade and need to be repaired or replaced. This has also increased the maintenance required, which is difficult to provide, as spare parts are on the “dual-use list” and restricted from entry to Gaza. According to the Health Cluster HeRAMS tool, currently 6 generators supporting the public hospitals are in need of repair or replacement.

Any disruption in the power supply will be immediately life threatening for over 4,800 patients relying on electrical devices, including neonates in incubators, and over 1.27 million people will be directly affected by the closure of the hospitals, in addition, there will be an increased risk of waterborne disease and outbreaks across the Gaza strip.

The Government of Israel restricts the entry of a large number of materials, particularly machinery and related equipment, on the grounds that these serve dual-purposes (i.e. civilian and military) and are misused by the Hamas and armed groups in Gaza. As such, every import of a good or material on the dual-use list must be individually approved by the relevant Israeli authorities.

5 WHO is monitoring the elective waiting time each month.
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Karem Shalom Closure

- On 9th July, Israeli authorities announced the closure of Karem Shalom crossing, which prohibits entry of all goods except medical and food supplies. This includes construction material for health facilities and other essential items. Karem Shalom has been operating again on 15 August, in the capacity prior to the closure. The Health Cluster is constantly monitoring the situation.

Attacks against health

- According to the Ministry of Health, PMRS, UHWC and PRCS, for the period of 14th to 27th August, 25 health workers were injured and 3 ambulances were damaged in 14 different incidents. Of the health workers, 2 were hit by gas canisters, 1 by shrapnel, 1 sustained a physical injury during an attack and 21 suffered injury from gas inhalation.
- **Cumulative figures on attacks against health:** From 30th March to 27th August, three health workers have been killed and 404 injured in 224 recorded incidents against health staff and facilities. 59 ambulances and 5 other health vehicles have been damaged, as well as 2 health facilities (a specialized health center for people with disability and the MoH central ambulance station were damaged as the result of an Israeli air strike on 14th July).

Access through Erez

- As of 27th August, there were 270 patient applications (236 applications through the Palestinian Patient Liaison Office and 34 applications coordinated with Jordan) for persons injured in demonstrations to exit Gaza via Erez Crossing for health care. The status of these permit applications are as follows:
  - 63 applications were approved (acceptance rate of 23%, which is significantly lower than the overall rate of 59% for the first half of 2018)
  - 99 were denied (denial rate of 37%, which is significantly higher than the overall denial rate of 9% for the first half of 2018)
  - 108 patient applications were still pending (40% of the total)
- For additional information on access barriers for Palestinian patients, see WHO’s latest monthly access report.

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Disclaimer: initial analysis based on preliminary aggregate and disaggregated data provided by the Palestinian Ministry of Health (MoH), the Palestinian Civil Defense medical teams, Palestinian military medical services, the Palestinian Red Crescent Society (PRCS), the Palestinian Medical Relief Society (PMRS) and the Union of Health Work Committees (UHWC).
Emergency Response

Provision of medical supplies:

- The United Nations Children’s Fund (UNICEF) is expecting the delivery of 90 pallets out of 400 pallets of normal saline procured from the CERF fund. The pallets are expected to enter Gaza on the 27th August to be provided to MOH.
- Medical Aid for Palestinians (MAP-UK) delivered 13 drug items to the MoH Central Drug Store. Those items were procured under the project “Provision of life saving drugs and disposables to respond to emergency medical needs in Gaza” funded by OCHA/oPT Humanitarian Fund second release allocation and implemented by MAP.

Health Partners’ Response:

- The European Union has donated 1.5 m Euros to support WHO’s ongoing response to trauma injuries and emergency casualties in the Gaza Strip.
- Around 2,500 neonates in four maternity hospitals in Gaza benefit every month from WHO-supported interventions on early essential newborn care;
- As of end-August 2018, WHO-supported six community mental health teams provided mental health and psychosocial support to 4,172 people affected by the ongoing violence in Gaza. A total of 91 people were referred to the specialized mental health care.
- Humanity and Inclusion (HI), in partnership with local organizations, have deployed 10 multidisciplinary teams in all the five governorates of the Gaza Strip. So far, HI has provided nursing and rehabilitation services to 904 persons with injuries who have received a cumulative 9,535 multidisciplinary sessions. HI has also distributed 176 assistive devices, including wheel chairs, crutches and anti-bed sore mattresses.
- The Union of Health Work Committees (UHWC) teams provided first aid to 16 cases, including 4 gunshot injuries, at their medical point in Rafah and the Middle zone. In addition, Al Awda hospital, with funding from Muslim Aid, was able to provide emergency services for 23 cases at their emergency department, 4 of which underwent urgent surgical operations.
- The Palestinian Medical Relief Society (PMRS) provided first aid to 140 injured people, including 41 gunshot injuries. Since the start of demonstrations, PMRS has provided first aid to a total of 3,504 patients. PMRS has also mobilized three outreach teams in Gaza, Khan Younis and the North governorate. The teams provided post-operative care to 18 new cases. To date, PMRS has provided postoperative care to 669 casualties, out of those, 185 have received assistive devices.
- Health Matters/ International Medical Corps partners provided immediate care to a total of 64 injured cases at the TSPs; out of the 64 cases 37 received wound care at the TSPs and 27 were transferred to hospitals. Health Matters/IMC partner hospitals provided post-operative wound care for 137 patients.
- **United Nations Relief and Works Agency (UNRWA)** provided 146 post-operative consultations offering medication and wound dressing. Since the 30th March, UNRWA has provided a total of 3,764 postoperative consultations at their 22 primary healthcare clinics.

- International Committee of the Red Cross (ICRC) opened a Temporary Surgical Ward in Shifa hospital on the 9th August, 2018. Since then, about 10 patients were admitted to receive medical care. In addition to that, 96 patients wounded during the demonstrations reached the Artificial Limbs and Polio Centre (ALPC), being 43 amputees in need for prostheses and 53 patients in need for orthoses.

- **Public Aid Hospital** ambulances have transferred and provided first aid services to 10 injured patients.

### Coordination and Information:

- The Humanitarian Needs Overview (HNO) Workshop took place in Gaza on the 16th August. Partners reviewed the humanitarian needs of the health sector, updated the numbers of people in need (PiN) and clarified the way forward towards the update of the HRP.

- Health Cluster meeting took place in Ramallah on Tuesday 14th August to plan for the overall emergency response in the oPt. Partners also agreed on the need for contingency planning in light of the potential closure of the UNRWA mobile clinics in the West Bank.

- The Health Cluster organized a visit of the Humanitarian Coordinator/Resident Coordinator, Mr. Jamie McGoldrick to the Paediatric Specialized Hospital in Gaza to have a first-hand account of the impact of electricity crisis and fuel shortage on patients and services.

WHO continues to monitor the access of patients from Gaza and attacks against healthcare across the oPt. For additional information on access barriers for Palestinian patients, see WHO’s latest monthly access report.

### INFORMATION TOOLS AVAILABLE ON THE HEALTH CLUSTER WEBSITE

<table>
<thead>
<tr>
<th>Tool</th>
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<td>Health Cluster HeRAMS dashboard</td>
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  *The tool reflects the health services availability and functionality each month.*  
MoH Hospitals: [http://healthclusteropt.org/pages/9/herams-hospitals](http://healthclusteropt.org/pages/9/herams-hospitals)  
MoH PHCs: [http://healthclusteropt.org/pages/10/herams-phcs](http://healthclusteropt.org/pages/10/herams-phcs)  
UNRWA PHCs: [http://healthclusteropt.org/pages/15/unrwa-phcs-dashboard](http://healthclusteropt.org/pages/15/unrwa-phcs-dashboard) |
| Gaza Trauma Working Group | [http://healthclusteropt.org/pages/16/trauma-working-group](http://healthclusteropt.org/pages/16/trauma-working-group) |
| EMTs calendar | [http://healthclusteropt.org/pages/12/emt-calender](http://healthclusteropt.org/pages/12/emt-calender) |
| Procurement activities conducted by partners | [http://healthclusteropt.org/pages/13/procurement-activities](http://healthclusteropt.org/pages/13/procurement-activities) |
Funding needs

- From the 30th March until 31st December 2018, WHO and the Health Cluster partners require a total of $43.8 million USD. To date, a total of $21.5 million USD has been received, leaving a gap of $22.3 million USD in order to cover the needs until the end of the year.

- The funding is necessary to support the following activities:
  - Fuel to run hospitals on back-up generators during the mains power cuts for a period of 8 weeks
  - Deployment, coordination and support to quality-assured emergency medical teams (EMTs) across the trauma path;
  - Expanding multi-disciplinary outreach teams, with a focus on physiotherapy and mental health and psychosocial support;
  - Providing essential medical supplies for the treatment of trauma patients, emergency patients and non-communicable disease patients, including new-born’s and other vulnerable groups;
  - Strengthening the reporting and monitoring of attacks on healthcare;
  - Strengthening emergency preparedness

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