Highlights

- As of the 3rd June, 14:00, the latest figures provided by the Ministry of Health (MoH) indicate that 3 Palestinians were killed and 525 were injured by Israeli forces from 30th May – 3rd June as a result of the mass demonstrations.

- Out of the 525 injuries, 353 required transfer to the MoH hospitals or to NGO clinics (42 children, 28 females and 325 males). From the hospitalized injuries, 16 cases were critically life-threatening, 124 moderate, 205 were mild, and the remaining 8 were unspecified cases.

- An additional 172 injuries were managed at primary healthcare centers and 10 trauma stabilization points (TSP) and discharged. These TSPs and primary healthcare facilities offering frontline care are led by the MoH, and supported by the Palestinian Red Crescent Society (PRCS), and support of Union Health Workers Committee (UHWC) NGO.

Type of casualties treated at the MoH and NGO hospitals

<table>
<thead>
<tr>
<th>Type of Casualties</th>
<th>Total (353)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gun shots</td>
<td>114</td>
</tr>
<tr>
<td>Gas inhalation</td>
<td>8</td>
</tr>
<tr>
<td>Rubber Bullet</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>173</td>
</tr>
</tbody>
</table>

Casualties disaggregated by injury, gender and age at MoH and NGO hospitals (cases: 353)

<table>
<thead>
<tr>
<th>Total</th>
<th>By gender</th>
<th>By affected body part</th>
<th>By age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Head and neck</td>
</tr>
<tr>
<td>353</td>
<td>325</td>
<td>28</td>
<td>25</td>
</tr>
</tbody>
</table>

1 Source: Ministry of Health
2 Source: Ministry of Health
3 Other refers to the fact that the hospital records did not state the area of injury
Accumulative caseload

- Since the 30th March till the 3rd June, 128 people have been killed since the start of the demonstrations. 123 have been reported by the MoH and an additional 5 whom their bodies have been held by the Israeli Authorities reported by OCHA. The figure of people injured amidst ongoing demonstrations stands at 13,900. Out of a total of 13,900 injuries, 7,548 people (54%) required hospitalization.

- **Hospitalization:** Out of the total 7,548 people that required hospitalization:
  - 50% were live ammunition gunshot injuries, at a total of 3,778 cases. See below graph for deaths and gunshot injuries each week.
  - 1,191 were children (15%), 471 (6%) were female and 7,077 (94%) were male.
  - 349 (5%) cases were critical, 3,570 (47%) were moderate, 3,496 (46%) were mild and 133 cases were unspecified.

<table>
<thead>
<tr>
<th>Week 1 (30/3 - 31/3)</th>
<th>Week 2 (1/4 - 7/4)</th>
<th>Week 3 (8/4 - 14/4)</th>
<th>Week 4 (15/4 - 22/4)</th>
<th>Week 5 (23/4 - 28/4)</th>
<th>Week 6 (29/4 - 5/5)</th>
<th>Week 7 (6/5 - 12/5)</th>
<th>Week 8 (13/5 - 19/5)</th>
<th>Week 9 (20/5 - 26/5)</th>
<th>Week 10 (27/5 - 3/6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>791</td>
<td>445</td>
<td>303</td>
<td>199</td>
<td>197</td>
<td>129</td>
<td>200</td>
<td>63</td>
<td>34</td>
<td>114</td>
</tr>
</tbody>
</table>

![Weekly deaths and gunshot injury graph](image)

- **Trauma Stabilisation Points (TSPs):** A further 6,352 were treated and discharged in the field trauma stabilization points (TSPs) and at primary healthcare clinics.

- **Incidence of limb injuries:**
  - A total of 2,604 lower limb injuries have been registered since the beginning of demonstrations, on 30th March. Week per week, lower limb injuries have remained the highest type of injury. Out of the total hospitalized cases they represent 35% of the caseload.
  - Over the past 9 weeks, approximately 350 cases of compound tibial fractures have been identified, which include extensive soft tissue damage, vascular injuries and complex bone fractures, prone to further complications, and will require up to 7 surgeries and extensive rehabilitation and treatment for up to 2 years.

- **Amputations:** Since the 30th March, the total number of amputations was 43 including 4 children. Out of this total, 6 were upper limb amputations and 37 were lower limb amputations.
Impact on the Health Sector

- Due to the number and gravity of the injuries, the stocks of medical supplies have significantly depleted and access to healthcare for non-trauma patients is being compromised. Patients are being discharged early every week to make room for the new wave of expected casualties. These patients are being requested to receive follow-up care at the MSF clinic, PMRS, UHWC and other primary healthcare centers, including UNRWA.
- In total, since the 30th March, approximately 6000 elective surgeries have been postponed. The average waiting time for elective surgery in May was 15 months (60 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 affect the psychological and social life of the patient. In some cases, this can lead to further medical complications.
- Finally, according to Gaza’s Central Drug Store, 50% per cent of essential medicines were at zero stock, of which 40% per cent of disposables were totally depleted at the beginning of May.

Health attacks

- From 30th March to 3rd June, 321 health workers and 41 ambulances were affected by attacks on health care, according to data provided by the Palestinian Ministry of Health (MoH), Palestinian Red Crescent Society (PRCS), Palestinian Medical Relief Society (PMRS) and the Union of Health Work Committees. These total numbers include additional data provided for the Palestinian Civil Defense medical teams and Palestinian military medical services. Of the health workers affected, 23 suffered injuries from live ammunition, of whom two were killed, 18 were hit directly with tear gas canisters and 11 were hit by shrapnel.
- According to the MoH, PRCS and PMRS from 30th May to 3rd June:
  - 1 female health worker, Razan Al Najjar, was killed after being hit by live ammunition in her chest while working to treat wounded people east of Khan Younis
  - 5 health workers were injured (2 with live ammunition, 1 with shrapnel, 1 combined injury, which includes shrapnel and other physical injury and 1 tear gas inhalation
  - 3 PRCS ambulances were damaged.

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Photo: Razan al-Najjar, a 21-year-old first aid worker volunteering for the Palestinian Medical Relief Society (PMRS), was fatally injured in the chest in East Khan Younis, on 1st June, as she was providing assistance to the injured in the southern Gaza Strip.

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4 Ear, nose and throat elective surgery is the sample taken to estimate waiting time for all elective cases.
Access through Erez

- As of 3rd June, 66 patients injured in the demonstrations have applied to exit Gaza through Erez Crossing for health care. The status of their permits are as follows:
  - A total of 22 applications were approved (acceptance rate of 33%, which is significantly lower than the overall rate of 60% for the first quarter of 2018)
  - 33 were denied (denial rate of 50%, which is significantly higher than the overall denial rate of 8% for the first quarter of 2018)
  - and 11 patient applications were still pending.

- Jordan has coordinated the evacuation of 30 injured patients through Erez to receive treatment in the Jordanian hospitals: 7 were evacuated on 20th May and 23 were evacuated on 23rd May.

- Another 22 injured patients tried to cross Rafah terminal for treatment in Egypt: 12 were permitted to cross and 10 were returned to Gaza.

Emergency Response

- Gaza Trauma Working Group has identified approximately 350 cases of compound tibial fractures in Gaza, which include extensive soft tissue damage, vascular injuries and complex bone fractures, prone to further complications, and will require up to 7 surgeries per patient and rehabilitation for up to two years.

- Medical Aid for Palestinians (MAP-UK) procured 24 essential drugs with a total budget of USD 320,873 and 15 disposable items with a total budget of USD 99,248. In addition to that, 6 drug items and 4 disposable items were also delivered and prepositioned. MAP has also procured 41 external fixators (worth USD 410,000) and will be delivered to Gaza soon.

- The Hayat Center has conducted 4 training courses on techniques to stop severe bleeding, targeting 59 first responders, as well as 44 community volunteers. The center has also conducted two community awareness sessions on emergency bleeding control, targeting 70 community volunteers.

- Welfare Association (Taawon) has donated 2 drug items to MoH hospitals, with a total value of USD 50,010. The Association is also in the process of procuring drugs and disposables to be delivered to the MoH and other NGO service providers, with an estimated value of USD 189,500.

- The Union of Health Work Committees (UHWC) teams provided first aid and health services to 11 cases at their medical points in Rafah and the Middle area.

- Doctors Worldwide – Turkey (DWWT) admitted 162 new cases in response to the post-operative rehabilitation needs in Gaza. Since March 30, DWWT has provided medical services to a total of 462 casualties.

- The Palestinian Medical Relief Society (PMRS) provided first aid to 78 individuals, including 17 live bullet injuries. Since the start of demonstrations, PMRS has provided first aid to a total of 2,414 patients and helped transport 143 casualties. PMRS has also mobilized five outreach teams in all five governorates, to conduct post-operative care, including wound dressing and physiotherapy services. To date, PMRS has provided post-operative care to 414 casualties, out of those, 85 have received assistive devices.

- International Medical Corps (Health Matters) partners provided immediate care to 35 injured cases in the field with ambulances transferring 18 patients via 2 ambulances, and provided medical care for 35 including 15 orthopedic surgeries.
Between 30th of May and 3rd of June, MSF-France admitted 38 trauma patients into the post-op clinics, 20 of them with severe injuries. On June 3rd, MSF-France opened its 5th post-op clinic in Nasser Hospital to be able to deal with the high number of trauma cases received.

Furthermore, 17 patients were operated on by MSF teams in Al Shifa, Al Aqsa and PFBH Hospitals (and did additional dressing changes under anesthesia). The teams consist of vascular, orthopedic, plastic, and general surgeons as well as anesthetists and nurses and OT nurses. As usual on Fridays, on the 1st of June, the surgical team of MSF-France stayed overnight in Al Aqsa hospital to assist the emergency response of MOH.

MSF-Belgium has a surgical team in Al Awda Hospital (Vascular/Orthopedic Surgeons plus OT nurse) for follow-up surgeries for trauma patients and emergency response. The team also supports the post-op care in the OPD of Al Awda.

Humanity and Inclusion (HI), in a partnership with 3 local service providers and one community-based rehabilitation, deployed 10 multidisciplinary outreach teams that include 40 rehabilitation professionals to deliver home-based services and post-operative care to persons with injuries (PWI), in all 5 governorates. 253 PWIs were visited by the outreach teams and were targeted for receive medical services. 78 assistive devices were identified and prescribed for the PWIs, and the procurement process to provide these devices is in motion.

Last week, UNICEF delivered 196 pallets of drug items to the MoH. Another 3 drug items will be received within the next 2 days. UNICEF also funded psychosocial counselling activities that has reached 317 injured children through Ma’an Governorate Protection Focal Points.

Coordination and Information:

WHO continued to coordinate the Gaza Trauma Working Group. The 6th meeting took place at the MoH as the co-chair. The group includes the following actors: MoH, ICRC, MSF, PRCS (Palestinian Red Crescent Society), Medical Aid for Palestinians-UK (MAP-UK), Palestinian Children’s Relief Fund (PCRF), Al Awda NGO Hospital, Union of Health Workers Committee (UHWC) and Humanity and Inclusion (HI). The objective of the group is to build the capacity of the trauma pathway through enhanced coordination, establish minimum standards of care, and enhance data management.

On the 30th May, WHO led a focus group with the Coordinators of the Trauma Stabilisation Points, including MoH and PRCS. The objective of the focus group was to outline the key lessons learnt and agree next steps in order to strengthen the response. The Humanitarian Coordinator, Jamie McGoldrick, joined the focus group discussion as an observer.

Health Cluster has updated the EMTs calendar, which can be accessed from here: http://healthclusteropt.org/pages/12/emt-calender
Health Cluster has updated the procurement activities conducted by partners, full information can be accessed here: [http://healthclusteropt.org/pages/13/procurement-activities](http://healthclusteropt.org/pages/13/procurement-activities)

Health Cluster HeRAMS dashboard which reflects the health services availability and functionality for April has been launched: [http://healthclusteropt.org/pages/9/herams-hospitals](http://healthclusteropt.org/pages/9/herams-hospitals)

WHO as the lead agency met with multiple partners to guide the Health Cluster emergency response.

**Immediate unmet needs**

From the 30th March until the 30th September the Health Cluster requires $19,160,662, from this total, only $6,314,019 amount has been received, leaving a gap of $12,846,643. The funding required is necessary for the following activities:

- Continued deployment and coordination of quality-assured EMTs to conduct complex lifesaving surgery, including general, vascular, orthopaedic, reconstructive, neuro- and trauma surgeons, in addition to deploying outreach multi-disciplinary rehabilitation teams.
- Strengthen the pre-hospital care in the field by enhancing the trauma stabilisation points.
- Enhance post-operative and rehabilitative care through multi-disciplinary rehabilitation teams (including physiotherapists, occupational therapists and psychologists).
- Provision of essential medical supplies for the treatment of injured patients including drugs, disposables, medical equipment, laboratory reagents for blood collection, and other critical services such as assistive devices.
- Enhance coordination and information mechanisms of trauma management across the trauma pathway.
- Provision of essential medical supplies for the treatment of non-trauma emergency patients in order to ensure access to essential healthcare.

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<th>Contacts:</th>
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