



Occupied Palestinian Territory  
Conflict escalation in Gaza – complex emergency



The WHO Regional Director of Eastern Mediterranean Dr. Ala Alwan addressed Ministry of Health officials and health workers August 11 at Shifa Hospital during a visit to the Gaza Strip to view conditions and damaged health facilities. ©WHO.



1.8 MILLION  
AFFECTED



290,000+  
DISPLACED



1.2 MILLION -  
1948 REFUGEES



10,193  
INJURED



1,951  
DEATHS

WHO

52 STAFF (39 IN JERUSALEM/WEST BANK AND 13 IN GAZA)

HEALTH ASSISTANCE TO MOH



25 % FUNDED  
US\$60 M REQUESTED BY WHO FOR MOH

HEALTH SECTOR

35 HEALTH SECTOR PARTNERS (30 IN GAZA)

HEALTH FACILITIES



15 HOSPITALS DAMAGED (OF 32: 14 MOH, 15 NGO AND 3 OTHER)

9 HOSPITALS CLOSED

43 CLINICS DAMAGED (OUT OF 88)

15 CLOSED (AS OF AUG 12)

DAILY REFERRALS

VARIABLE PATIENTS VIA EREZ/ISRAEL  
0-10 PATIENTS VIA RAFAH/EGYPT

HIGHLIGHTS

- Successive ceasefires improve access
- Killed and injured (MoH, as of 17:00 August 12)
  - 1,951 Palestinians killed, including 469 children, 243 females (aged 18-60) and 88 elderly.
  - 10,193 Palestinians injured, including 3,084 children, 1,970 females (aged 18-60) and 368 elderly.
- Tens of referral patients evacuated to Turkey
- Rapid assessment of health sector to begin
- WHO Regional Director visits Gaza

The daily total of Palestinians killed and injured decreased dramatically between August 5 to 12 after the agreement on two successive ceasefires in Gaza. The 8-day total of deaths was 86, which included those who had died from injuries received earlier, and bodies pulled from rubble of houses in areas which had been inaccessible. The number of injured was 444 persons during the same period, but most were persons who had been injured earlier but not registered.



Primary health clinics that had been closed due to their location in insecure areas reopened during the ceasefire which significantly improved access to health care.

The rate at which the health sector has consumed medicines and medical disposables since the crisis began July 7 was triple the usual consumption rate for one month. Coupled with the pre-crisis situation of low drug stocks, shortages remain, especially drugs and disposables used for emergency procedures, operating theatres and ICUs.

### **Hospitals**

Since the ceasefires, and with support from humanitarian partners including WHO, the Ministry of Health has been able to increase referral of casualty patients to outside hospitals, especially to Turkey and East Jerusalem hospitals, which has reduced bed occupancy in surgical wards in Gaza from more than 100 percent to 80 percent, helping to improve quality care. Staff attendance has improved markedly.

A total of 93 specialist physicians and nurses have entered Gaza on short missions since July 7 from the Ministry of Health in the West Bank (45), Palestinian and Arab physicians' groups (25) and international humanitarian agencies (23). A second medical delegation of specialist physicians and nurses from the MoH in the West Bank entered Gaza on August 6 (11 specialists (surgery, pediatric surgery, maxillofacial surgery, orthopedics, anesthesia) and 10 ICU and operations specialized nurses). The latest delegation was a 5-member surgical team from MAP-UK which entered Gaza on August 12.

The 14 MoH hospitals and 15 NGOs hospitals in Gaza are relying on back up generators for supplying power to run their facilities. With the prolonged electricity outage (18 hours/day), generators are in almost constant use and must be alternated to prevent burn-out. The fuel reserves in these hospitals is sufficient for 3–10 days, but fuel supplies are available.

### **Primary health care**

The Ministry of Health has established 10 mobile teams (physician, nurse, health educator and health inspector) at the shelters. Medical points have been set up in other shelters from where patients can be referred to nearby clinics.

UNRWA and MoH are sharing data with WHO and working to expand and improve monitoring for risk of communicable diseases. The health situation in overcrowded shelters is alarming although surveillance so far shows no disease outbreaks and no evidence of malnutrition. Mental health services and post-natal care especially for breast-feeding mothers have been raised as requiring special attention among displaced persons.

In view of the short-term difficulties in improving the supply of adequate water and sanitation at shelters, preventive health measures are needed for the 300,000 displaced persons in shelters, both formal and informal, to prevent the outbreak of communicable diseases, and for vulnerable groups. Currently OXFAM, PWA, UNRWA and WHO are working on drafting guidelines for the vendors for maintaining the quality of delivered water to shelters and communities.

### **Damage to health facilities and closures**

As of August 12, 15 clinics remained closed (6 MoH, 7 UNRWA and 2 NGO) of the 88 clinics monitored by WHO (53 MoH, 21 UNRWA and 14 NGO). Seven closed due to damages and 8 others were closed due to their location in insecure areas. A total of 43 clinics incurred damage since July 7 (see **Annex**). *At right: Al Awdeh Clinic, Rafah, operated by the Union of Health Work Committees.*



### **Referrals**

There was recent increase in prioritization of casualty and non-casualty patients to referral centers outside of Gaza. However, the process of document preparation by patients' families and by the Ministry of Health and the coordination approval process for crossing borders has been time-consuming. Issuing of passports for referral patients traveling outside of the region is especially difficult for patients whose possessions were lost in their damaged homes. Security coordination has also slowed the process. On August 13, WHO, ICRC and the Palestinian MoH met with the Israeli Liaison officers to address the difficulties in processing referrals.

Turkey is currently sponsoring treatment for several hundred Gaza casualties and facilitating their evacuation through Tel Aviv airport. Four Gaza patients who were being treated in East Jerusalem hospitals were

transferred to Turkey via Tel Aviv airport on August 12. Of 42 patients who had their documents cleared for transfer to Turkey on August 13, 18 patients left by noon and the remaining 24 were awaiting the ambulance aircraft. The Ministry of Health is in the process of preparing the documents and coordinating permits for 100 more casualties who are to be transferred to Turkey in the coming days.

At the Rafah border, 6-hour delays were reported by families during the transfer of patients to Egypt on August 10.

The Ministry of Health with WHO support organized several meetings of health and humanitarian partners to address bottlenecks in the referral, coordination and transfer process of patients to outside hospitals.

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#### Public health concerns

- In view of the difficulties in improving the supply of adequate water and sanitation at shelters, preventive health measures are needed for the 300,000 displaced persons living in shelters, both formal and informal shelters. Special care is needed for pregnant women, mothers with infants, and persons with disabilities and chronic disease, and mental health patients who are being seen at medical points or mobile clinics.
- Hospitals continue to require steady access to adequate amounts of fuel, pharmaceuticals and medical supplies, including spare parts for medical equipment.
- Continuity of care and rehabilitation of patients, especially of amputees, at the community level needs pro-active follow-up.

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#### Health needs, priorities and gaps

- Restoring the water and sanitation systems is a key priority in order to improve daily living conditions.
- Provision of adequate water and sanitation facilities and access to health services for all displaced persons in both formal and informal shelters.
- Preventive health measures and strengthening of the disease surveillance system are needed to prevent outbreak of communicable diseases.
- Ensuring access to adequate amounts of fuel, medicines and medical supplies, including medical equipment spare parts, to maintain functionality of hospitals, and restoring operational capacity of closed hospitals, especially the Wafa Rehabilitation Hospital and Al Durrah Pediatric Hospital.
- Continuity of care and rehabilitation of patients, especially of amputees, at the community level needs pro-active follow-up.

WHO's Regional Director for the Eastern Mediterranean Dr. Ala Alwan made a 2-day trip to the area during which he met with Palestinian President Mahmoud Abbas and health officials in the West Bank and Gaza, viewed humanitarian conditions in Gaza, toured damaged health facilities and visited casualty patients. At Shifa Hospital he paid tribute to hospital staff and all health workers for their "heroic work" under difficult conditions.



In Ramallah Dr. Alwan met President Mahmoud Abbas and Minister of Health Jawad Awwad and reiterated the commitment of WHO to support the Ministry of Health and the responsibility of the international community. <http://www.emro.who.int/media/news/health-system-in-gaza-requires-urgent-support-from-partners-and-donors.html>

In a bid to fill critical gaps in drug supplies, WHO delivered a 2-month supply of IV fluids to Gaza via the Rafah border from Egypt on August 11 for distribution to all hospitals. The shipment consisted of 240,000 half-litre units of dextrose, dextrose-saline, saline and Ringer's lactate solutions and intravenous sets, procured by WHO through a donation from Norway. The shipment is valued at US\$ 212,000 and was delivered to the Ministry of Health warehouse in Khan Younis for inventory and sorting before distribution.

WHO and health cluster partners are preparing health assessment teams for the implementation of the joint Inter-Cluster Assessment, led by OCHA. In the second-phase of detailed assessment, WHO will be joined by UNFPA, UNICEF and MDM-Spain.

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## Resource mobilization

The Ministry of Health in Ramallah reported receiving donations of over US\$ 15 million or are in the pipeline, including a recent donation announced by Saudi Arabia of US\$ 50 million. The Ministry of Health reported that more than US\$ 3 million of donated drugs and disposables have been received in Gaza for distribution and other shipments that are being processed, including in kind donations from Egypt, Bahrain, Morocco, Tunisia and UAE. The Central Drug Stores had faced a staff shortage due to access difficulties which limited their ability to sort donations. WHO is assisting the MoH in improving and expediting the processing of donations.

WHO's resource mobilization needs are US\$ 8.1 million for emergency coordination, information and procurement, of which US\$ 3.7 million, or 46%, has been mobilized from Switzerland, Norway and Italy. In addition a donation from Turkey of US\$ 1.5 million for essential medicines was made to WHO just prior to the crisis.

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## ANNEX

**Table 1. Primary health clinics in Gaza damaged (July 7, 2014 to August 14, 2014)**

	PHC	Provider	District	Locality	Damaged
1	Shuhada Al Sheikh Radwan Clinic	MoH	Gaza	Shaikh Radwan	oo
2	Al Salam Clinic	MoH	Gaza	Sabra	oo
3	Al Surani Clinic	MoH	Gaza	Tofah	oo
4	Al Rahma Clinic	MoH	Gaza	Shija'yia	oo
5	Sabha Medical Center	MoH	Gaza	Shija'yia/ Al Jdaida	oo
6	Shuhada Al Shate' Clinic	MoH	Gaza	Beach Camp	oo
7	Atta Habib Clinic	MoH	Gaza	Shija'yia	oo
8	Hala Al Shawa Clinic	MoH	Gaza	Zaytoon	oo
9	Al Qoba Clinic	MoH	Gaza	Shija'yia	oo
10	Physically HandiCaped Clinic	MoH	Gaza	Zaytoon	oo
11	Al Fokhari Clinic	MoH	Khan Younis	Fukhari	oo
12	Abassan Al Jadeeda Clinic	MoH	Khan Younis	Abassan Al-Jadida	oo
13	Khuzaa Clinic	MoH	Khan Younis	Khuzaa	oo
14	Shuhada Al Nuseirat Clinic (New Nus.)	MoH	Mid Zone	Nusairat Camp	oo
15	Juhr Al Deik Clinic	MoH	Mid Zone	Wadi Gaza	oo
16	Al Bureij New Clinic	MoH	Mid Zone	Buraij Camp	oo
17	Al Bureij Central Clinic (old Bureij)	MoH	Mid Zone	Buraij Camp	oo
18	Heker Al jame Clinic	MoH	Mid Zone	Deir El-Balah	oo
19	Al Moghraqa Clinic	MoH	Mid Zone	Moghra'a	oo
20	Wadi Al Salqa Clinic	MoH	Mid Zone	Wadi El- Salqa	oo
21	Shuhada Jabalia Clinic	MoH	North Gaza	Jabalia city	oo
22	Beit Hanoun Clinic	MoH	North Gaza	Beit Hanoun	oo
23	Jamila Al Ashi Clinic	MoH	North Gaza	Twam Area	oo
24	Al Saifa ( Al Atatra) clinic	MoH	North Gaza	Al Atatra	oo
25	Shuhada Rafah Center	MoH	Rafah	Rafah City	oo
26	Al Shokah Clinic	MoH	Rafah	Shoka	oo
27	Mawasi Rafah Clinic	MoH	Rafah	Mawasi Rafah	oo
28	Elsaftawi	UNRWA	Gaza	Gaza City	oo
29	Jabalia	UNRWA	North Gaza	Jabalia Camp	oo
30	Dair El-Balah	UNRWA	Mid Zone	Deir Al balah	oo
31	Nusairat	UNRWA	Mid Zone	Nuseirat	oo
32	Maghazi	UNRWA	Mid Zone	Maghazi	oo
33	Buraij	UNRWA	Mid Zone	Buraij	oo
34	Mae'n	UNRWA	Khan Younis	Mae'n	oo
35	Tal Al Sultan + Rafah Clinic	UNRWA	Rafah	Rafah	oo
36	El-Nasser	UNRWA	Rafah	El-Nasser	oo
37	Abu T'aima Health Center	PMRS - NGO	Khan Younis	Abasan Jadidia	oo
38	Ezbet Beit Hanoun Health Centre	PMRS - NGO	North Gaza	Izbat Beit Hanoun	oo
39	Chronic Diseases Centre	PMRS - NGO	Gaza	Gaza City	oo
40	Al-Awda Health Centre - Rafah	UHWC - NGO	Rafah	Rafah	oo
41	Haidar Abdel Shafi Health Centre	PMRS - NGO	North Gaza	Fakhurah	oo
42	Red Crescent Society - Jabalia	RCS - NGO	North Gaza	Jabalia Camp	oo
43	Khalil al Wazir	RCS - NGO	Gaza	Sheikh Radwan	oo

Source: WHO.

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