



Occupied Palestinian Territory
Conflict escalation in Gaza – complex emergency



Dr. Mahmoud Daher, head of WHO Gaza sub-office and UNRWA Commissioner General Pierre Krahenbuhl, visit a child in Shifa Hospital who was injured in shelling of an UNRWA shelter in Jabalya. © WHO.



1.7 MILLION AFFECTED



240,000+ DISPLACED



1.2 MILLION - 1948 REFUGEES



8265 INJURED



1418 DEATHS

WHO

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

HEALTH ASSISTANCE TO MOH



6 % FUNDED
US\$60 M REQUESTED BY WHO TO SUPPORT CRITICAL HEALTH SERVICES

HEALTH SECTOR

35 HEALTH SECTOR PARTNERS

HEALTH FACILITIES



11 HOSPITALS DAMAGED (OUT OF 32: 14 MOH, 15 NGO AND 3 OTHERS)
10 HOSPITALS CLOSED
14 CLINICS DAMAGED
34 MOH/UNRWA CLINICS CLOSED (OUT OF 75)

AVERAGE DAILY REFERRALS

5 TO 10 PATIENTS VIA EREZ/ISRAEL
5 TO 10 PATIENTS VIA RAFAH/EGYPT

HIGHLIGHTS

- Violence continues throughout the Gaza Strip and staff/patients' access to health facilities is limited
- Public health situation deteriorates further
- Killed and injured (MoH, as of 19:00 July 31)
 - 1418 Palestinians killed, including 324 children, 166 females (aged 18-60) and 60 elderly.
 - 8265 Palestinians injured, including 2502 children, 1626 females (aged 18-60) and 303 elderly.
- Shifa Hospital outpatient grounds hit July 28
- Al Quds Hospital severely damaged on July 30

Situation update The public health situation continued to deteriorate rapidly and is nearing collapse. Multiple health facilities are closed and remaining health services are severely overstretched. Displacement of over 400,000 people now living in overcrowded conditions, coupled with inadequate water and sanitation, pose serious risks for communicable disease outbreaks. Days of intense violence that followed the end of the 12-hour ceasefire on July 27 (coinciding with the Moslem feast of Eid al-Fitr) resulted in a steep rise in casualties and additional displacement from bombarded areas. Many families have had to repeatedly find new refuge. On July 28, Gaza's only power plant was destroyed which caused blackouts, and largely immobilized the water and sanitation systems. The 64 megawatts that is still being provided by several direct lines from Egypt and Israel covers less than 20% of demand.

Hospitals

Staff and patient access to hospitals is difficult due to lack of security and unavailability of transportation. The main hospital in the Gaza Strip, Shifa Hospital, is overwhelmed with patients and their families, many of whom --- especially injured children --- are in psychological shock from multiple loss of family members. A large number of displaced families are encamped around the hospital seeking refuge and needing essential water and sanitary services. Hospitals are now almost solely dependent on back-up generators as their main power source.

Maternity services: due to access difficulties, Shifa staff shortages were acute among nurses in the maternity and neonatal departments, many of whom live in the northern and middle areas of the Gaza Strip. Nursing attendance in the maternity department was reduced this week to 40% during attacks in the area but nurses present were working round-the-clock shifts. The closure of Harazeen Maternity Hospital in Shajaiyah due to insecurity of the area increased the number of women seeking delivery assistance at Shifa by 25%, according to the Head Midwife at Shifa, which she said would affect quality of care. Electricity is being provided to the Neonatal department from generators on a 24-hour basis without interruption.

Hospital-based antenatal services for high-risk pregnancies have been closed which may have an impact on fetal and maternal morbidity and mortality.

Drug and supply shortages

Many drugs at zero stock are basic and important for managing casualties in emergency rooms, for pre-operative and post-operative care, in operation theatres and in intensive care units: anticoagulants, antibacterials and antiseptics for prevention of infections in wounds, cardiac and gastric medicines and IV fluids. Hospital staff in non-casualty sections are reporting shortages of basic medical supplies such as surgical gloves, gauze, syringes, cannulas, blood sugar and albumin tests.

Primary health care

All health centers in the 3-km "no-go zones" are closed and violence elsewhere has restricted safe access to health care. As of July 30, 34 of 75 MoH and UNRWA primary health centers in the Gaza Strip are closed. The MoH reported half of its clinics are closed (27 of 54), including 7 of 8 clinics in the northern area

and 7 of 10 in the Khan Younis area. UNRWA reported one-third of its clinics are closed (7 of 21), mostly in the Middle Area. Patients took advantage of the brief ceasefire on July 27 to utilize UNRWA clinics, but when violence resumed, patient utilization was reduced by half. UNRWA reports staff attendance is almost 70% and that staff are coping but are strained.

WHO met with primary health care administrators from the Ministry of Health, UNRWA and UNICEF July 30 to discuss the closure of clinics, supply needs and coordination of services, and to assess disease surveillance and gaps in control of communicable and non communicable diseases, especially in areas that lack safe access to health care, and among displaced persons in shelters.

Health structure damages

A shell landed on the grounds of Shifa Hospital on July 28, causing damage to a border wall, gate and windows of the outpatient clinic, and to the health sciences library. It was the first time that the hospital has been affected directly. There were no injuries reported.

The top three floors of Al Quds Hospital, a newly-constructed 50-bed hospital operated by the Palestinian Red Crescent in Gaza city, were severely damaged by an attack on July 30 which caused their partial collapse and fire. The previous hospital building had been destroyed in an attack in the 2008-9 war in Gaza. The hospital is a general medical services and diagnostics center.

At least 11 hospitals have been damaged so far in the violence (**Annex**). Four of the damaged hospitals are closed and six additional hospitals closed due to lack of security for staff and patients to access.

Khalil Wazir clinic, a PRCS clinic in Sheikh Ajleen in Gaza city, was damaged July 30, which cracked walls and damaged equipment. A total of 14 primary health clinics have been damaged since July 7.

Ambulance services: PRCS reported July 30 that 2 ambulance workers have been killed and 40 injured in the line of duty in Gaza since July 7, and 20 ambulances have been damaged, although clearly marked with the international Red Crescent insignia.

Referrals of patients to facilities outside Gaza

Rafah crossing: Egyptian authorities are apparently giving casualty patients priority to travel for humanitarian reasons, although numbers are small.

July 28: 7 casualties and 6 companions (1 companion returned by Egyptian authorities)

July 29: 4 casualties and 4 companions

July 30: 11 casualties and 10 companions (1 companion returned by Egyptian authorities)

July 31: 3 casualties and 3 companions (up to 12:00)

Erez crossing: Delays were reported by patients and ambulances in movement to and from Gaza through Erez, often delaying patients or parents of sick children for

hours due to security and administrative procedures.

July 31: 8 casualties and 8 companions crossed by ambulance, to reach hospitals in Nablus and Jerusalem. 4 non-casualty patients and 3 companions crossed. All patients traveled to Erez by ambulance and with special coordination.

Public health concerns

As of July 30, 204,165 people were in 85 shelters (UNRWA schools), averaging 2,400 persons per shelter. An additional 200,000 are estimated to be in informal shelters (including in hospital grounds) or living with relatives. Water and sanitation facilities are grossly inadequate in the overcrowded shelters. In addition, without electricity, most households in Gaza now suffer inadequate water supplies and poor sanitary conditions. These circumstances pose a high risk for outbreaks of communicable disease, especially waterborne diseases and skin infections. Furthermore, disruption of immunization programs risks the emergence of vaccine preventable diseases.

WHO and UNRWA continue to monitor the situation in order to prevent and control for possible outbreaks of endemic disease in shelters and identify gaps in control programs for chronic diseases.

Health needs, priorities and gaps

Emergency care for the large numbers of injured remains the priority.

Furthermore, high numbers of patients are seeking care at hospitals for acute, non-trauma related reasons.

The immediate health needs of displaced people remain a high priority, especially those with chronic diseases, those who are more vulnerable to communicable diseases, and pregnant women, new mothers and infants.

The health needs of convalescing casualty victims who have been discharged home is also a concern for follow-up at community level.

Hospitals are using down their fuel reserves more quickly than anticipated due to the loss of the Gaza power plant. WHO is seeking solutions for fuel resupply through donations from other sources, in addition to that provided by the Islamic Development Bank which had been intended to meet hospital needs for a six-month period.

The long supply route and complicated security coordination over multiple borders for delivery of medical supplies to Gaza through Rafah and via Jordan to Keren Shalom crossing between Israel and Gaza has slowed humanitarian aid delivery to the hospitals.

WHO action

WHO participated in the 2014 Gaza Crisis Appeal with a target of US\$ 369 million required in emergency humanitarian assistance for the most vulnerable in Gaza, to be implemented by UN and international humanitarian agencies. The Appeal was launched August 1 in Ramallah and was coupled with a call for safe access. http://www.ochaopt.org/documents/HC_Statement_Gaza_Crisis_Appeal.final.pdf

WHO shipments of medical supplies procured thanks to \$1.4 million in donations

from Switzerland, Norway, and Italy began to arrive to the MoH Central Drug Store in Gaza this week and will continue to arrive over the next week. Donations in kind from Bahrain and the Jordanian army are also enroute. The supplies are for distribution mainly to MoH hospitals.

WHO held a coordination meeting July 30 for primary health care providers to ensure all needed services are being covered. WHO facilitated the travel and coordination of a 5-member medical team of specialists from Augusta Victoria Hospital in East Jerusalem to Gaza on August 1.

A 24-member team of MoH specialist physicians and surgical nurses, led by the MoH Director of Hospitals, traveled to Gaza on August 1 to assist colleagues in Gaza hospitals. The MoH in Gaza had called for specialists in neurosurgery, anesthesiology, plastic surgery, general trauma surgery, advanced orthopedics and burn management.

Resource mobilization

The Ministry of Health reported donations from more than 30 UN agencies, international humanitarian organizations, governments, charities and businesses totalling US\$ 6 million. The most recent were donations from Oxfam, Medico International and Noran Charitable Society.

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ANNEX

Table 1. Hospitals in Gaza damaged from July 7 to July 31, 2014 *

	Hospital	Authority	Beds	District	Location	Damage	Occasions
1	Beit Hanoun	MOH	66	North Gaza	Beit Hanoun	Extensive (closed)	Multiple
2	El Durra Pediatric	MOH	91	Gaza	Tuffah	Moderate (closed)	Single
3	Al Aqsa Martyrs	MOH	164	Middle area	Deir Al Balah	Moderate	Single
4	Gaza European	MOH	249	Khan Younis	Khan Younis/Rafah	Light	Single
5	Al Wafa Medical Rehabilitaion	NGO	50	Gaza	Shajieyah	Extensive (closed)	Multiple
6	al Ahli Arab	NGO	80	Gaza	Palestine Sq.	Moderate	Multiple
7	Al Quds	NGO	49	Gaza	Tel al Hawa	Moderate	Single
8	Al Shifa	MoH	890	Gaza	North Rimal	Light	Single
9	Al Karamah	NGO	25	North	Ard al Shanti	Moderate	Single
10	Balsam	PMMS	68	North Gaza	north Beit Lahiya	Extensive (closed)	Multiple
11	Abu Yousef Najjar	MoH	108	Rafah	Rafah	Light	Multiple

PMMS=Palestinian Medical Military Services

*WHO is in the process of verifying details of damage reported by additional hospitals.