

COMPLEX EMERGENCY WHO Fact Sheet Occupied Palestinian Territory (oPt), Grade 1: conflict/civil strife Health impact of the fuel/electricity crisis in Gaza

Overview: The occupied Palestinian territory (oPt) is affected by a protracted crisis and chronic humanitarian needs where Palestinians are suffering from prolonged occupation, blockade of the Gaza Strip and longstanding restrictions on the movement of people and goods to and from Gaza. Since April 2017, the health sector in Gaza is facing a severe fuel & electricity crisis, compounded by aggravating pharmaceutical shortages, which impacts Gaza's 2 million population and is life-threatening for vulnerable patients. On the political note, despite the positive developments regarding the Fatah and Hamas reconciliation agreement signed 12 Oct 2017, it has not led so far to the reversal of the measures that triggered the latest deterioration in the humanitarian situation in Gaza.



1.9 million POPULATION IN NEED



0.6 million TARGETED BY HEALTH **CLUSTER**



57 WHO staff in East Jerusalem (main office) & 2 sub-offices (Gaza & Ramallah)

56 HEALTH CLUSTER PARTNERS (26 partners in the HRP 2018)

WHO FUNDING 2017:



REQUESTED US \$4.5 MILLION US\$ 2.8 MILLION FUNDED **FUNDING GAP US\$ 1.7 MILLION**



KEY HEALTH ISSUES:

- Extended power cuts are severely impacting the health sector and provision of bacis services. Hospitals face the risk of closure if fuel supplies for back-up generators become depleted.
- The lack of fuel for electricity also has a grave impact on the supply of safe drinking water and the poor treatment of sewage has exacerbated health risks. Over 1 million people in the Gaza Strip are at risk of contracting waterborne diseases.
- There are chronic shortages of essential medicines, consumables and medical equipment.
- The number of permit applications denied by Israeli authorities to access health care outside Gaza has been on the increase.

CURRENT SITUATION:

- The status of Jerusalem is one of the most contentious issues in the conflict between Palestinians and Israelis. Recent developments in this regard triggered protests across the Muslim world and clashes between Palestinian and Israeli security forces in the West Bank (including East Jerusalem) and Gaza.
- Sustained large-scale UN-coordinated emergency fuel operation in Gaza has prevented the collapse of the health sector. Life-saving services have been maintained, but electricity supply shortages will likely continue to significantly affect the availability of essential health services.





WHO Actions:

- As a provider of the last resort, WHO stepped-in to supply 14 public hospitals and 18 NGO hospitals with fuel, preventing the collapse of the health system in Gaza. This essential fuel supply sustained critical services and reduced the risk of preventable mortality of new-borns in the six neonatal intensive care units, intensive care patients and patients requiring haemodialysis twice or three times a week.
- WHO is procuring over \$1M worth of medical equipment for Gaza's hospitals and provided essential disposables to the haemodialysis units in Gaza. This prevented the closure of the only paediatric haemodialysis unit in Gaza.
- WHO is disseminating key emergency life-saving drugs to Gaza's hospitals worth over \$1.3M. These drugs will be distributed to the emergency departments and the ICUs to serve the most critical and vulnerable patients .
- WHO has requested \$5 million as part of the HRP 2018, which will be the first three year humanitarian strategic plan. Beyond delivering aid to the most vulnerable, it also aims to strengthen linkages with non-humanitairan actors (to build the resilience of the health sector through installation of solar panels, training of health workers on life-saving procedures, and pre-positioning of lifesaving medical supplies).
- WHO releases monthly updates on the access to healthcare for patients being referred outside of Gaza and is monitoring and reporting attacks on healthcare.
- WHO, as Health Cluster lead agency, coordinated with Health Cluster partners the Humanitarian Programme Cycle for 2018-2020, and developed the Humanitarian Needs Overview and the Humanitarian Response Plan for the Health Sector.
- In October, the Health Cluster trained health staff and managers from key NGO partners and international
 organisations on analysing the disruption to the health sector in Gaza.
- WHO sponsored the Disaster Management Conference conducted in October. WHO also conducted key sessions during the Conference on coordination and emergency management.
- WHO has enhanced the health monitoring in Gaza with the aim to rapidly and continuously assess, map and monitor health service availability, response readiness and the health impact.
- 56 Health Cluster partners will be trained on emergency preparedness and response, including contingency planning and simulation exercises, in both Gaza and the West Bank.
- WHO initiated a number of key health assessments, including malnutrition in Area C, and on the use of illicit drugs in Gaza and the West Bank.
- The established Health Emergency Technical Working Group under the Health Cluster will work to update the Health Cluster contingency plan in consultation with wider stakeholders.

Major challenges, gaps and needs:

- Provision of life-saving drugs, consumables, medical equipment and generators for health facilities.
- Equip hospitals and health facilities with fuel or solar energy system units in order to meet the basic energy requirements.
- Build local capacity within Gaza to conduct lifesaving surgeries and treatment, in order to reduce the need for referrals outside.
- Preposition drugs, disposables and medical equipment in order to strengthen emergency preparedness.
- Ensure access for patients to their referral destination and advocate for the right to health.

