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## World Health Organization (WHO) Appeal

### Occupied Palestinian Territory Emergency Response Plan 2017

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Photo credit: WHO. Description: neonate in Shifa Hospital in Gaza.

## BACKGROUND INFORMATION

Gaza has been in a continuing process of de-development as a result of multiple rounds of hostilities during the ten years of the Israeli blockade, the almost continuous closure of the Rafah passenger crossing and internal Political divisions. Even reconstructing the Gaza Strip to the pre-July 2014 standards will be far from sufficient to meet the significant humanitarian and developmental needs of the people in Gaza.

Children and families' resilience capacity continues to be eroded as the needs of the population have exhausted family coping mechanisms, which provided a form of support that households have historically relied upon. Families struggle to cope with one of the highest unemployment rates in the world at 41.7%, disproportionality affecting youth (60%) and women (65.3%). Additionally, the living conditions of the 37,000 people who remain displaced raise a range of humanitarian concerns, including limited access to primary healthcare services. This has exacerbated the vulnerability of certain groups, particularly children.

The health sector is being severely affected by the ongoing blockade. This has been exacerbated by the recent energy crisis, as hospitals are facing partial or full closure due to the lack of fuel. There is also a chronic shortage of essential and often basic drugs and disposables in Gaza's hospitals. The inability to benefit from proper medications and supplies puts patients at substantial risk of medical complications and deterioration in health status. In addition, the continued restrictions on movement of patients and health staff continue to hamper access of vulnerable communities to lifesaving and quality essential health services.



Photo credit: WHO. Description: Neonate at Shifa Hospital. Newborns are one of the most vulnerable groups in Gaza.

## HEALTH RISKS, NEEDS AND PRIORITIZATION

### 1. Fuel shortages

The unstable power supply and lengthening power cuts of 12-20 hours per day in Gaza disrupt daily life for households but on the 16<sup>th</sup> April the sudden increase in power cuts is causing an impending crisis for Gaza's health sector, with fuel supplies in hospitals becoming depleted. Gaza's 14 public hospitals and 16 health facilities<sup>1</sup> face partial or complete closure of essential services following the shut-down of the Gaza Power Plant over fuel shortages, putting patient lives at risk. The 14 public hospitals are the main providers of secondary healthcare to Gaza's population of almost 2 million. Whilst some funding has been secured, at best, this will only keep the most critical emergency services running for a maximum of **eight weeks, until the end of June.**

According to a Ministry of Health statement issued on the 18<sup>th</sup> April, a number of coping mechanisms have already been adopted to conserve power, such as limiting sterilization and laundry services to periods served by direct electricity, postponing elective surgery and prematurely discharging patients. But without fuel, after eight weeks, 40 surgical operation theatres, 11 obstetric operation theatres, 5 haemodialysis centres and hospital emergency departments with almost 4,000 daily patients will be forced to stop critical services. The situation will be immediately life-threatening for 113 new-borns in neonatal intensive care units, 100 patients in intensive care and 658 patients requiring haemodialysis twice or three times a week, including 23 children. Refrigeration for blood and vaccine storage will also be at risk.



Photo credit: WHO. Description: Surgery takes places in Gaza's largest hospital, Al Shifa. Elective surgery has come to a halt and the fuel reserve is only enough to sustain the critical services until the end of June.

<sup>1</sup> 14 NGO hospitals, 1 central blood bank, 1 referral abroad department.



Non-governmental health service providers, who usually have greater access to private procurement, have also been affected by the reduced power supplies and several have appealed to WHO for assistance with fuel procurement.

As hospitals continue to work at minimal capacity until the end of June, if fuel for the health sector is not secured, the health status in Gaza may regress. Hospitals will continue to postpone elective surgery, increasing the risk of complications for patients. Each month, over 800 elective surgeries will be postponed. Furthermore, diagnostic services will be stopped, patients will be discharged prematurely after surgery, sterilization services will be reduced which will give rise to infection rates, and there will be an increase in patients referred outside of Gaza, which is often unpredictable and compromises patient safety, apart from the fact that it requires patients to undergo the complex procedure to obtain security permits from Israel.

Furthermore, health equipment is degraded and damaged by the constant fluctuation in the current of electricity. Currently, there are 200 medical items damaged and unusable, which are necessary for critical departments including hemodialysis units and neonatal intensive care units. The numbers are increased by the lack of a proper maintenance system (sterilization services), which reduces the life span of the existing medical equipment. The number of redundant equipment will continue to increase as the hospitals rely on a minimal fuel supply.

## **2. Shortages of drugs and disposables**

The health system is also undermined by the chronic shortages of essential drugs and disposables. Of the 516 medications on the essential drug list, 175 (33.9%) were reported at zero stock levels and a further 62 medications (12%) are available for another three months only in the Ministry of Health's Gaza Central Drugs Store (CDS) at the end of April 2017. The CDS supplies the Ministry's 14 hospitals and 51 primary health clinics in Gaza. Furthermore, of the 853 medical disposables on the essential list, 253 items, 29.6% are out of stock and a further 86 items (10%) are only available for another three months.

The inability to benefit from proper medications and supplies puts patients at substantial risk of medical complications and deterioration in health status. The shortages force patients to cope by trying to procure medications from other health providers or from the local market, at great costs, using inappropriate medications, and by seeking treatment abroad. Patients with kidney diseases, transplants, hypertension, blood conditions and chronic illnesses which require a regular regime of medications, some of which are unavailable, are exposed to risk.

If hospitals remain without adequate fuel and limited medication, it is expected that patients will rely on referrals outside of Gaza, which are often unpredictable and place the patient's life at risk. Currently, the number of Gaza patients seeking health permits has more than doubled since 2012 while approval rates for patients' permits have steadily decreased, from 92.5% in 2012 to 77.5% in 2015 and 62% in 2016. Furthermore, Israel has imposed restrictions on the age of the companions from >45 to > 55, which has made it extremely challenging for many young mothers/fathers to accompany their children<sup>2</sup>.

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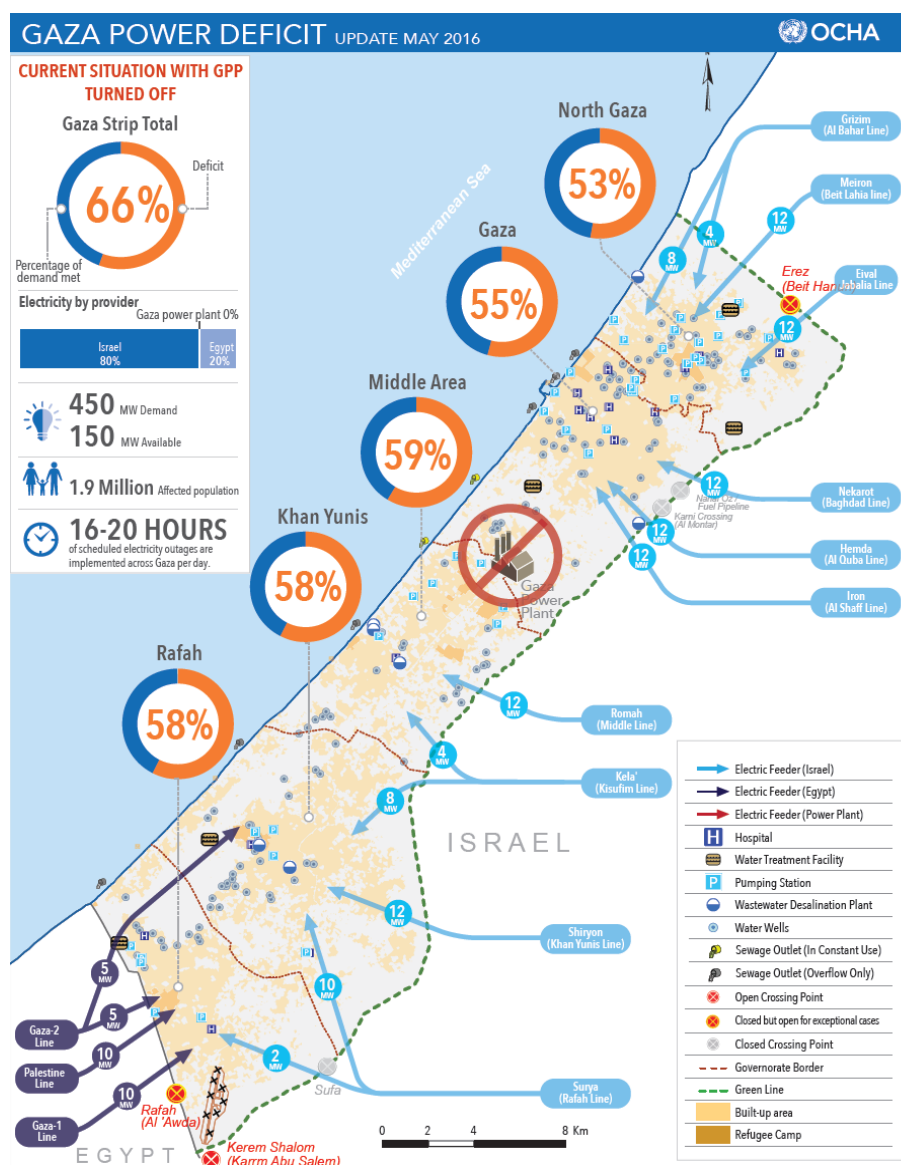
<sup>2</sup> WHO Gaza Fact Sheet August 2016

### 3. Impact on neonates

Newborn babies are identified among the most at-risk groups of patients as a direct result of the fuel shortages. Newborn deaths currently represent 68% of infant deaths – highlighting that the newborn period remains the period of highest risk for all infants. WHO studies found that three quarters of all newborn deaths occur in the first week of life and a half of newborn deaths occur in the first 24 hours after birth.

This problem is further exacerbated by the everlasting and critical shortages of medicines and supplies in Gaza's hospitals. In 2016, the MoH reports indicate that up till now the monthly average shortages of drugs related to maternal and child health are 38%. Neonatal morbidity and mortality is considered a serious problem in Gaza which results in dramatic complications with heavy medical, social and economic burden on individuals, families and the community.

***In light of the current instability and the deteriorating health situation, a dire need has emerged for funds to support health authorities in covering urgent gaps and shortages of fuel, drugs and medical supplies, and to support neonatal intensive care units in order to mitigate effects of increased power shortages and to address priority health challenges of the complex emergency situation in Gaza.***



## WHO's RESPONSE STRATEGY, PLANS AND ACHIEVEMENTS

In line with the Global Health Cluster, the oPt is currently graded as a Grade 1 protracted emergency.

WHO provides ongoing technical support to the MoH and its partners for emergency preparedness and response. WHO has provided training and workshops to develop the expertise of the Emergency and Ambulance Directorate in the MoH and the MoH has adopted an all-hazards emergency risk management approach, engaging all relevant sectors. In addition, the MoH is in the process of developing contingency plans for the Primary Health Care facilities and directorates and a national health and emergency preparedness plan.

WHO has also continued to lead the Health Cluster, which it co-chairs with the Ministry of Health. The Cluster includes 52 partner agencies, including United Nations agencies and non-governmental and private sector organisations, providing essential services to vulnerable communities. Under the Health Cluster umbrella currently 7 partners are supporting emergency health response but there are some serious gaps in the health services provision requiring strengthening of Health Cluster coordination.

### WHO's initial response

Since the deteriorating situation on the 16<sup>th</sup> April, WHO has played a critical role. The World Health Organization has been working with health partners, the Office for the Coordination of Humanitarian Affairs, and the Humanitarian Coordinator to identify potential solutions, including raising funds.

The Health Cluster has supported UNRWA to secure USD \$500,000 for emergency fuel for Gaza's hospitals, through the oPt Humanitarian Pool Fund, led by the Humanitarian Coordinator. This fuel will be used to sustain critical services for up to 8 weeks, until the end of June.

WHO has also continued to liaise with authorities and health services providers to ensure that an appropriate monitoring system is in place to assess the impact on patients. This information is used for advocacy efforts by the UN country team.

### WHO's strategic objectives for 2017

**Objective 1:** To provide essential lifesaving medical and non-medical supplies (fuel) needed to maintain the functioning of critical health services for the Gaza population.

**Objective 2:** To strengthen health cluster coordination and health information systems to improve the life-saving health response for people in need, with a strong emphasis on removing the barriers to accessing health.

**Objective 3:** To support neonatal services and intensive care units in the Gaza Strip and improve neonatal care management in order to contribute to reducing mortality and morbidity.

## Thematic focus of WHO's intervention

- To preposition life-saving drugs and disposables and release when appropriate to prevent major disruptions in treatment and prevent avoidable mortality and disabilities
- To procure and distribute fuel to public hospitals and essential health facilities to ensure to functioning of the critical services, preventing avoidable mortality and reducing disabilities
- Strengthen Health Cluster coordination and information management
- Strengthening the quality of health service delivery in the neonatal care units in Gaza

## Beneficiaries targeted by WHO in 2017

Through this intervention, WHO will target 2 million people, with over 50,000 IDPs and 1.5 million registered refugees, prioritizing the most vulnerable groups, particularly neonates.

## FUNDING REQUIREMENTS

Health Cluster funding requirements for 2017: **USD \$ 13 million**

WHO funding requirements based on needs: **USD \$ 4.5 million**

## DONOR CONTRIBUTIONS

In 2016, WHO received financial contributions to supports its humanitarian work in Gaza from Japan, Norway and Turkey.

## WHO CONTACTS

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