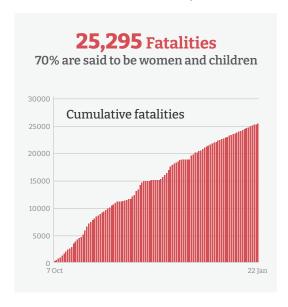
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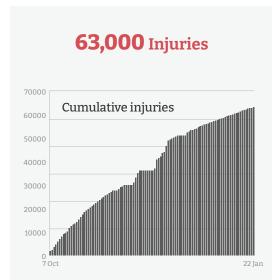
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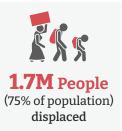
Gaza Strip











Health Care Functioning and Access

A public health catastrophe is rapidly evolving in Gaza with high levels of violent deaths and injuries, mass displacement, overcrowding, major disruption and dysfunction of the health system, and damage to water and sanitation infrastructure. Severe stressors for mental health are affecting the whole population, including bombardment and siege. Destruction and hostilities are gravely obstructing ambulance access to the injured and health facilities.





42%

15 Hospitals
36 partially
functioning

Estimated average bed occupancy: 409%



100%



UAE Field Hospital Jordanian Military Hospital Rafah Field Hospital IMC Field Hospital

PHCCs functionality



19%

Primary health care facilities are functional



Referrals abroad through Rafah since start of war 1,243 including 798 injured and 445 patients in addition to 1025 companions



Separation of North Gaza and Gaza City from governorates in the south, along with evacuation orders



Disease surveillance disrupted including early disease detection, laboratory capacity and response

Acute shortage of supplies at health facilities



Fuel and Electricity







Medicines and medical supplies:



IV fluidspain medications

İnsulinblood and blood products

Medical equipment



Increasingly not functional at hospitals, (e.g. monitors, ventilators, incubators, x-ray and CT, lab analyzers, anaesthesia machines), which are dependent on electricity

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Gaza Strip

Health Needs and Risks



No access to clean water in the Northern Governates



Heavy rainfall last week has led to flooding in various locations, raising concerns about potential sewage contamination in the floodwaters



Lack of WASH facilities in health care settings means increased risk of healthcare-associated infections

Communicable Diseases

Imminent risk of communicable disease outbreaks. Cases recorded since mid-October:



of acute respiratory infections



159,547 Cases of diarrhea <5 years: 84,541*



69,962 Cases of scabies and lice



44,550 Cases of skin rashes



6,625 Cases of chickenpox



7,447 Cases of jaundice

* 23 fold increase from baseline 2022

Long term conditions



1,100 Patients in need of kidney dialysis



71,000 Patients living with diabetes



225,000 People with high blood pressure



+485,000 People with mental health disorders*



+2,000 People diagnosed with cancer each year, including 122 children



45,000 Patients living with cardiovascular disease

* People in Gaza facing daily intense psychological stressors, including bombardment and severe barriers to fulfilling basic needs

Reproductive, Maternal, Newborn and Child Health



52,000 Pregnant women

~183 Births per day

5.500 Babies have been born in the last month



130 Premature infants depend on incubators

61% Incubators are in the north, requiring electricity

Data: MoH Annual Report 2022, WHO STEPS

Health Attacks



318 Health attacks



615 People killed in attacks



778 People injured in attacks



61 Health workers detained/arrested



95 Health facilities affected



27 Hospitals Including damaged



85 Ambulances affected



47 That sustained

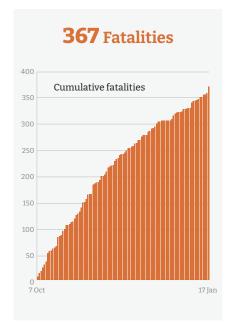
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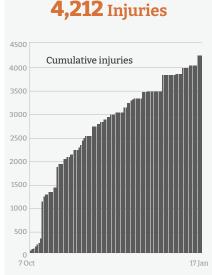
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West Bank, including east Jerusalem









1,208 people displaced amid settler violence and access restrictions.

479 people displaced following demolitions in Area C and East Jerusalem

100 people displaced following punitive demolitions



Increased settler and military violence

Including airstrikes and live ammunition. Complete obstruction at checkpoints between Palestinian towns and closure of several communities

Health Needs and Risks



Increased injuries

Placing a high demand for emergency medical supplies for first response at hospitals



+270 Patients/day

Need access to health care in east Jerusalem, from the rest of the West Bank



5,491 People displaced from Gaza

Are stranded in the West Bank, increasing the pressure on the health system

Health Care Functioning and Access



+270 Patients are in need of referral outside the West Bank for health care daily. Now only oncology and life-saving cases are being allowed. Permit application and approval rates for health care are reduced.



Obstructed access for ambulances, health care workers, and patients

Due to checkpoint closures, insecurity, movement restrictions, and attacks on health



First response capacities overstretched

By increased casualties, with high demand for emergency medical supplies



Increased shortages of essential medicines and medical supplies

Affecting first response, primary care, and hospital care

Health Attacks

358 Health attacks



attacks



59 People injured in attacks



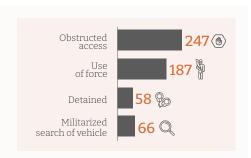
44 Health facilities affected



15 mobile clinics



245Ambulances affected



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UPDATES

· Food insecurity:

• The need for food continues to be acute across the Gaza Strip. The World Food Programme reports that the entire population of Gaza – almost 2.2M people – are in crisis or worse levels of acute food insecurity.

• Disease Surveillance:

- Almost 225,672 cases of upper respiratory infection and numerous cases of jaundice, skin rashes, scabies, lice and chickenpox have been reported.
- Over 159,547 cases of diarrhoea have been reported since mid-October. Over half of these are among young children under the age of 5 years.
- There have been over 7,447 cases of acute jaundice. Due to limitations in laboratory capacity only 25 patients have been able to be tested with test kits provided by WHO. Twenty four of the 25 tests were positive for Hepatitis A.

• Hospital Functionality:

- Only 15 of 36 (42%) hospitals in the Gaza strip are partially functioning including 8 in the south and 7 hospitals in Gaza and the north.
- Average bed occupancy in functioning hospitals is 409% and ICU bed occupancy of 221%.
- Al-Shifa Hospital, currently minimally functional, needs to urgently resume at least basic operations to continue serving patients in the northern Gaza Strip in need of lifesaving health care.
- According to Israeli authorities, over 1462 Israelis and foreign nationals have been killed, 13,543 injured, 251 being held hostage of whom 115 have been released since the hostilities started.*

HEALTH RESPONSE

Outbreak Prevention:

- The list for syndromic surveillance of outbreak-prone infectious diseases is revised and agreed by the Ministry of Health and UNRWA, The Early Warning, Alert and Response Surveillance (EWARS) kit EWARS-in-a-box has been delivered by WHO into Gaza and will be handed over to UNWRA to help strengthen disease surveillance. This system will help in detecting disease outbreaks early and will improve real time data flow from the shelters overcoming the persistent internet and electricity challenges.
- Ongoing exercise to map out formal and informal shelters that do not have access to primary healthcare services and identify partners who can cover the PHC gaps, including vaccination, antenatal care, management of acute diseases and NCDs and first aid.

• High Risk Missions & Delivery of Supplies:

- From the 12th January 2024 until 18th January 2024, WHO carried out 4 missions to deliver supplies, with partners to hospitals in Northern and Southern Gaza witnessing the continuing intense hostilities in their vicinity, high patient loads, and overcrowding caused by displaced people seeking refuge.
- On 12th January 2024, a team from the World Health Organization and their partners reached Al-Shifa Hospital in northern Gaza, delivering crucial supplies to support healthcare services. They successfully provided 9,300 liters of fuel and medical supplies sufficient for 1,000 trauma cases and 100 kidney dialysis patients. Despite previous challenges, Al-Shifa Hospital has managed to reestablish several key services. These include a workforce of 60 medical staff, a surgical and medical ward with 40 beds, an emergency department, four operating theatres, basic emergency obstetric and gynecologic services, a limited hemodialysis unit, minimal laboratory services, and basic radiology services. The partial resumption of services at Al-Shifa has led to a higher consumption of fuel and an increasing demand for medical supplies.

^{*} The Institute for Natioanl Security Studies. (2023) (War Data), INSS. Available at: Swords of Iron: an Overview | INSS (Accessed: 19.01.2024). https://www.inss.org.il/publication/war-data/

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HEALTH RESPONSE

- On 13 January, representatives from WHO, visited Al-Aqsa Hospital and Nasser Medical Complex in Gaza to assess the critical needs caused by ongoing hostilities and evacuations. The visit highlighted the dire situation at Al-Aqsa Hospital, the main facility in Gaza's middle area, which, following the withdrawal of key international support groups like @MSF, @MedicalAidPal, and @RESCUEorg, is operating with only 12 health workers, just 10% of its full staff. The hospital, struggling with a severe shortage of food, water, and fuel, has shut down maternity services and is understaffed in its emergency department. UNRWA has contributed 24,050 liters of fuel, but the needs far exceed this assistance, with around 140 patients and 1,500 displaced people sheltering there amidst scarce resources.
- On the 22nd of January, 2024, the World Health Organization and its partners successfully executed a critical mission at Al-Shifa hospital in the north. Despite facing severely damaged roads leading to the hospital, the team accomplished the delivery of 19,000 liters of fuel, essential for the hospital's continued operation under challenging circumstances. The mission found that remarkably, Al-Shifa hospital is currently providing care to 300 patients, offering a range of services including emergency and surgical care, emergency obstetric and gynecological care, as well as laboratory and radiological services, and dialysis. This achievement is particularly noteworthy given the hospital's operational constraints. Additionally, there has been a significant rise in the number of health workers at the hospital, many of whom are dedicated volunteers, contributing to the resilience and capability of the hospital in responding to the ongoing crisis. Concurrently, a rapid assessment was conducted to evaluate the potential deployment of Emergency Medical Teams (EMT) from MSF-France, signifying a proactive approach in enhancing medical response and support in this critical period.
- WHO delivered 25 Kits that could be used for treatment of more than 1,200 children with severe acute malnutrition with complications and identified partners on the ground to establish the in-patient therapeutic feeding centres of such severe cases, as well as 50 pneumonaia kits (enough to treat 5000 cases) and 10 measles kits (to treat 500 complex cases) also being delivered into Gaza.
- During the last reporting period WHO facilitated the entry of two trucks into Gaza. One truck contained 26 pallets of medicines for the benefit of UNRWA and a second truck contained 13 tents for WHO. The tents were denied entry to Gaza for over two months until a clearance was obtained from the authorities. WHO will distribute the tents to a number of health facilities to increase their beds capacity.



Emergency Medical Teams:

• 12 emergency medical teams are currently operating in Gaza, including 3 type 2 (field hospital - providing an additional 210 beds); 5 type 1 (primary care) and 9 specialized care teams operating at existing facilities.

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HEALTH RESPONSE

· Health Cluster Partners Response

• Gaza:

- The Health and WASH Clusters are finalizing an inter-cluster outbreak preparedness and response plan.
- Ongoing exercise to map out formal and informal shelters that do not have access to primary healthcare services and identify partners who can cover the gaps.
- The in-person technical working group meetings on trauma and SRH have been reinstated.
- The Ministry of Health (MoH) has approved the SRH minimal integrated service package.
- An assessment in Rafah was conducted to establish a nutrition stabilization centre for managing severe acute malnutrition cases with medical complications. The Tal-Al sultan clinic has been identified as a suitable location for this centre. MedGlobal and MSF Spain have expressed interest in managing it.
- Priority has been given to trauma care in most health facilities, resulting in reduced focus on maternal and child health, non-communicable diseases, and MHPSS services.
- Nutrition care for pregnant and lactating mothers has been challenging; few partners have reported cases
 of malnutrition among pregnant and lactating mothers. Hence, there are efforts to collaborate with the
 Nutrition Cluster to address this issue.
- The Health Cluster is in the final stages of establishing a technical working group focused on health service delivery. This group will address outbreak response, primary and secondary healthcare, patient referral for tertiary healthcare, noncommunicable diseases, and immunization.
- Partner operations continue to be negatively affected by insecurity and attacks on health care, displacement of staff and telecommunication challenges.

• West Bank

- Ongoing exercise to update mapping of communities in Area C that do not have access to mobile primary healthcare services and identify partners who can cover the gaps.
- Partners continue to support MoH and designated private hospitals in managing casualties in locations affected by military operations and settler violence.
- Closures and long delays at checkpoints affecting access to essential health services. MoH reported that there are 5 of their primary healthcare facilities in Tulkarm, Hebron and Bethlehem that are not functioning.
- Insecurity and targeting of health workers continue to present challenges to emergency responses.
- As of January 18th, 25 partners have reported on health service provision, with challenges in remaining functional in Area C and H2 due to access and funding issues.
- Rehabilitation working group implementing a comprehensive referral system to streamline access to essential services for vulnerable communities.
- Training programs and advocacy campaigns in the pipeline to enhance service delivery and awareness.
- West Bank Trauma Working Group resuming activities.
- The Health Cluster team is working together with WHO OSL on West Bank supplies dashboard to track partners supplies.

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WHO RECOMMENDATIONS

- Immediate ceasefire.
- Establish and sustain protected humanitarian access for the immediate entry of adequate quantities of humanitarian supplies including fuel, water, food, medicines, and other essential supplies and personnel into the Gaza Strip and unimpeded access for patient evacuation.
- Prioritization of the shipment of fuel to operate desalination plants, hospital generators, ambulances.
- Sustained, orderly, unimpeded and safe medical evacuations of critically injured and sick patients into Egypt.
- Ensure safe passage for medical supplies and civilians within the Gaza Strip. Ensure WHO medical supplies can safely reach major hospitals in Gaza City and North Gaza and hospitals in south Gaza.
- Ensure the respect and the protection of health care as well as civilians and civilian infrastructure against attacks.
- Ensure the injured have immediate and unhindered access to health care.
- · Ensure continuity of essential health services.
- Rapidly reinforce infectious disease surveillance and control measures.
- Preserve the function of remaining health facilities given the fragility of the health system and increasing health needs
- Restore the functionality of all hospitals and primary healthcare clinics.
- WHO calls for protection of humanitarian space in Gaza following serious incidents in high-risk mission to transfer patients, deliver health supplies.

FUNDING

- WHO released its Operational Response Plan October 2023 January 2024 with a total budget of \$110M. The operational plan supports:
 - 1. Health service delivery, including emergency medical teams and a few complementary field hospitals
 - 2. Public health surveillance, early warning, disease prevention and control
 - 3. Supplies and logistics support
 - 4. Coordination.
- So far WHO has secured approximately \$51M with an additional \$47 M in pledged Funds from partners.
- The inter-cluster Flash Appeal has been revised and the funding requirement for humanitarian health response is \$204.2M* and is targeting 2.5M people in Gaza and West Bank, of which 33.4% is funded.
 - * Excludes funding requirement for emergency nutrition interventions, as they now fall under Nutrition Cluster

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