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.

- **Hospitals functionality**: 50% of hospitals are not functioning (18 out of 36). Three hospitals are partially functional in the north, and 12 hospitals are partially functional in the south.

- **Primary health care facilities functionality**: 71% of primary health care facilities are not functioning (51 out of 72). A higher proportion is not functioning in North Gaza and Gaza City.

- **Health partners**: 97% of health partners are non-functional in Gaza and the north.

- **425 injured and medical companions** exited Gaza to Egypt between 2 and 20 November.

- **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**

- **Medicines and medical supplies**:
  - anaesthetics
  - antibiotics
  - IV fluids
  - pain medications
  - insulin
  - blood 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.
Gaza Strip

Health Needs and Risks

Water and Sanitation

Nearly 1.1 million out of the 1.7 million displaced are in 156 UNRWA shelters across all five governorates of the Gaza Strip.

- 160 people share each toilet
- 700 people share each shower unit

66-96% less water consumption than pre-hostilities (1-9 Nov)

400 tons of garbage per day accumulating in overcrowded camps and IDP shelters

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:

- 116,829 cases of acute respiratory infections
- 85,899 cases of diarrhea <5 years: 43,794*
- 25,456 cases of scabies and lice
- 24,355 cases of chickenpox
- 1,150 cases of jaundice
- 116,829 cases of acute respiratory infections
- 2,335 cases of chickenpox
- 24,355 cases of skin rashes

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

718 people injured in attacks

Health Attacks

- 203 health attacks
- 560 people killed in attacks
- 24 hospitals damaged
- 55 ambulances affected
West Bank, including east Jerusalem

Overview

Source: Ministry of Health

239 Fatalities

Cumulative fatalities

3,000 Injuries

Cumulative injuries

1,014 People displaced in the West Bank
Since the 7th of Oct
Forcibly displaced in the context of settler violence, discriminatory planning regulations in Area C and 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 healthcare system

Health Care Functioning and Access

+270 Patients
Referred from the West Bank to East Jerusalem

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

224 Health attacks

6 People killed in attacks

40 People injured in attacks

17 Health facilities affected

164 Ambulances affected

Obstructed access

Use of force

Detained

Militarized search of vehicle
UPDATES

• 24 November, WHO, UN partners (UNOCHA, UNRWA, UNDSS) and PRCS safely transferred 22 patients suffering from gunshot, wounds, amputations and burns in addition to 19 companions from Al-Ahli hospital in northern Gaza to European Gaza Hospital in the south.

• 28 November, a joint mission including WHO, UNRWA, UNDSS and PRCS transferred 17 patients (11 in critical condition) and 11 companions from Al-Ahli Arab Hospital in northern Gaza to European Gaza Hospital in the south, which is now triple its normal bed capacity.

• Al-Ahli Arabi is the sole facility in northern Gaza still receiving trauma cases. The hospital is currently stretched well beyond its normal capacity and is experiencing an acute shortage of medical supplies, fuel, water, and food hindering its ability to effectively treat patients.

• According to Israeli authorities, over 1200 Israelis and foreign nationals have been killed, 5431 injured and 239 being held hostage since the hostilities started.

HEALTH RESPONSE

WHO

• 24-26 November, WHO delivered 121 pallets of health supplies into Gaza via Rafah crossing.

• Supplies include IV fluids, other medications, laboratory supplies, medical disposables, and trauma and surgical supplies enough to support around 90,000 people.

• 25 November, a joint UN mission, including WHO, safely collected and transported 7600 doses of vaccines for various diseases from the Ministry of Health warehouse in Gaza City to Masqat Qarara Clinic in southern Gaza. Moving the vaccines became necessary as refrigerators used for safely storing them are not working due to lack of power.

• 29 November, WHO and partners (UNOCHA, UNDSS) delivered 7000 liters of fuel to Al-Ahil Arab Hospital and 3500 liters to Al Sahaba Hospital in northern Gaza in addition to medication and surgical kits, enough to serve the needs of 200 people.

Gaza Strip

• Provision of ~30,000 primary healthcare consultations per day through the remaining functioning PHCs and 122 mobile teams, 3,177 post-natal care consultations and 72 rehabilitation sessions and vaccination services benefiting 10,156 children.

• 300 Provision of Interagency Emergency Health, 15 acute watery diarrhoea, 50 midwifery and 15 obstetric surgical were delivered to Nasser Hospital.

• 16 Interagency Emergency Reproductive Health kits were delivered to Al Awda (Nuseirat), Al Aqsa, Emirati and Nasser, Al Amal and Al Khair to support emergency obstetric care services.

• ~20,000 people benefitted from MHPSS services

Health Partners

• Provision of 21 rehabilitation sessions.

West Bank

• Prepositioning of supplies benefiting 2,000 trauma and emergency interventions in Ramallah.

• 65 community volunteers in Nablus, Tulkarim and Bethlehem were trained in first aid and bleeding control techniques for the injured and additional 10 doctors and nurses in Qalqilya received basic lifesaving training.

• 500 people benefitted from MHPSS services, and 10 supervision sessions conducted to support mental health integration efforts.

• Provision of 21 rehabilitation sessions.
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.

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 $41M with additional $32M in pledged Funds form 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.

• Excludes funding requirement for emergency nutrition interventions, as they now fall under Nutrition Cluster

Further information:
• Dr Richard Peekerborn, WHO oPt Representative, peeperkornr@who.int
• Dr Ayadil Saparbekov, WHO oPt Emergencies Lead, asaparbekov@who.int
• Bisma Akbar, WHO oPt Communication Officer, akbarb@who.int