



2 MILLION PEOPLE AFFECTED



31 HOSPITALS IMPACTED



PHC



23 CLINICS DISRUPTED









42% DRUGS TOTALLY DEPLETED



23% DISPOSABLES TOTALLY DEPLETED

## Highlights

- In February, the health sector was on the brink of collapse as fuel for generators was rapidly depleting. The MoH implemented strict contingency measures, including the partial closure of **three hospitals and reduction of services in 23 primary healthcare clinics**. By the end of February, donations from the United Arab Emirates (UAE) and Qatar for fuel, helped to restore some of the services, but the donations will only be enough for a period of up to 6 months, maximum until August.
- In February, out of the 516 essential drugs, a total of **42% were completely depleted**. This includes drugs used in emergency departments and other critical units. Out of the 853 essential disposables, **23% were completely depleted**.
- On the 16th February 2018, WHO increased the emergency grading from grade 1 to grade 2, scaling up its emergency response and preparedness activities across the oPt.
- The Health Cluster, led by WHO is currently reviewing its **emergency preparedness and response activities** with the active involvement of over 20 partner agencies.

HEALTH SECTOR	
	59 WHO STAFF
	70 HEALTH CLUSTER PARTNERS
FUNDING REQUIREMENTS FOR 2018	
	\$ 5 M WHO
	\$ 26 M HEALTH CLUSTER
FUNDING RECEIVED FOR 2018	
	16% WHO EMERGENCY PROGRAMME
	5% HEALTH CLUSTER
DRUGS & DISPOSABLE SHORTAGES	
	42% DRUGS TOTALLY DEPLETED
	23% DISPOSABLES TOTALLY DEPLETED
HOSPITALS AFFECTED BY THE ELECTRICITY CRISIS	
	14 PUBLIC HOSPITALS
	17 NGO HOSPITALS
PRIMARY HEALTHCARE CLINICS AFFECTED BY THE ELECTRICITY CRISIS	
	23 MOH CLINICS TEMPORARILY DISRUPTED

## Situation Update

### Impact of the electricity crisis in Gaza

- The **limited main electricity supply** from the grid and fuel gaps for back-up generators are continuing to disrupt the delivery of basic services in the health sector. The situation further exacerbated in February 2018, when the health sector was on the brink of collapse from the shortage of electricity and depleting fuel reserves. During this period, the Ministry of Health (MoH)

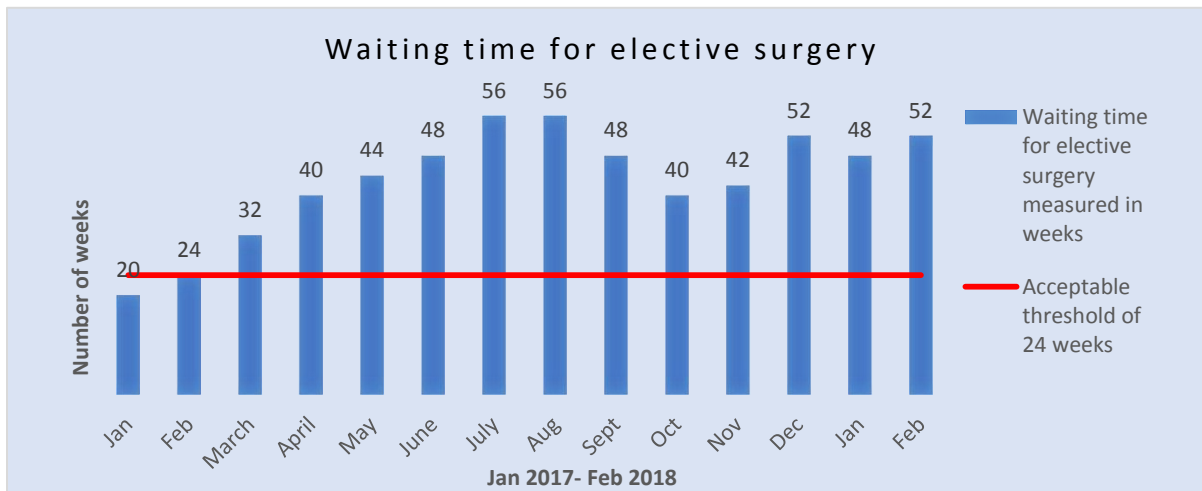
implemented strict contingency measures, including the temporary **closure of three hospitals**, Beit Hanoun Hospital, Durrah Hospital, Psychiatric Hospital, and disruption of an additional 23 MoH primary healthcare clinics, immediately impacting over 460,000 people. On the 16<sup>th</sup> February 2018, WHO increased the emergency grading from grade 1 to grade 2, scaling up its emergency preparedness and response activities across the oPt.

**Dr Majed Hamada, Director of Durrah Hospital:**

*“Doctors used flashlights to examine patients in the night, since there was no electricity for light. The pharmacy refrigerator was shut down and its content moved to a small fridge in the laboratory. Oxygen generators, in addition to all radiology services and most of the laboratory services, were shut down and only functioned during the hours of electricity from the main grid”.*

- Towards the end of February 2018, the United Arab Emirates (UAE) provided \$2 million USD and Qatar allocated a total of \$500,000 USD for fuel for the 14 public hospitals. In addition, the Islamic Development Bank allocated \$1 million USD worth of fuel for all sectors, including health, WASH and solid waste. With these donations, a total of nearly 3 million liters is currently available to the health sector. This will sustain the services of 14 public hospitals, 17 NGO hospitals and of critical health facilities, such as the central blood bank, for a period of 6 months until August.
- Meanwhile, the MoH continues to implement measures to rationalize fuel. The 43-bed Psychiatric Hospital has decreased its bed occupancy from 70% to 32% and the hospital has also postponed all electroencephalogram (EEG) tests. Furthermore, key services in the remaining 13 public hospitals, such as elective surgery, sterilisation and diagnostic services continue to work at reduced capacity.
- Since the beginning of 2017, WHO has been following the waiting list for elective surgery<sup>1</sup>. In February, the waiting time for elective surgery was 52 weeks; this is well beyond the MoH threshold of 24 weeks. Delays of necessary surgical interventions may involve a prolonged period of suffering and ill health and affects the psychological and social life of the patient. In some cases, this can lead to further medical complications. Figure 1 below shows the trend in the waiting time for patients in weeks.

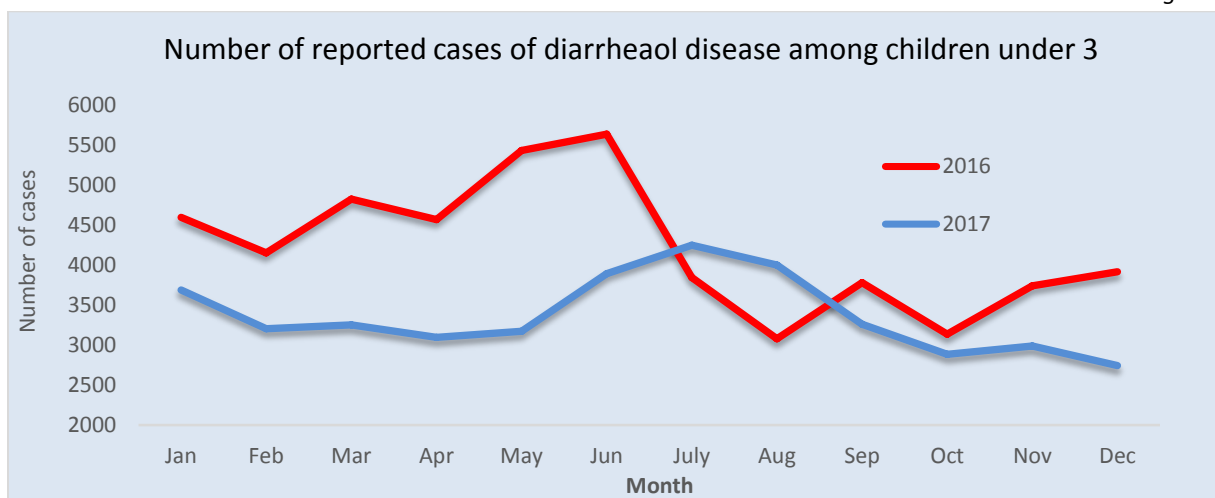
Figure 1



<sup>1</sup> WHO has been monitoring the waiting time for elective surgery in ENT (ear, nose and throat surgery) as a key indicator

- The extended power cuts mean that hospitals and primary health centers have to **rely on generators**, which are becoming increasingly overused. Currently, twelve generators are out of order and in need of repair. The ICRC has committed to repairing six out of the twelve generators. Additional support is needed to repair the remaining six generators that have stopped functioning.
- **Blood storage centers** in Rafah and Khan Younis in Gaza have closed due to the lack of electricity and medical supplies. Blood is now being stored at nearby hospitals; however, these hospitals also face challenges. Shifa's central blood bank was unable to safely store blood products as the equipment had stopped functioning due to the electricity fluctuations.
- Due to the electricity crisis, **water supply** through the network reaches most homes for just 3-5 hours every day, and desalination plants are functioning at less than 50 per cent of their capacity. As a result, there is an increased risk of waterborne diseases, including acute diarrhoea and parasite infections. WHO has been monitoring the prevalence of diarrhoeal disease amongst children less than 3 years of age<sup>2</sup>. Figure 2 illustrates the prevalence of diarrheal diseases amongst children compared to the same months in 2016 and 2017<sup>3</sup>.

Figure 2



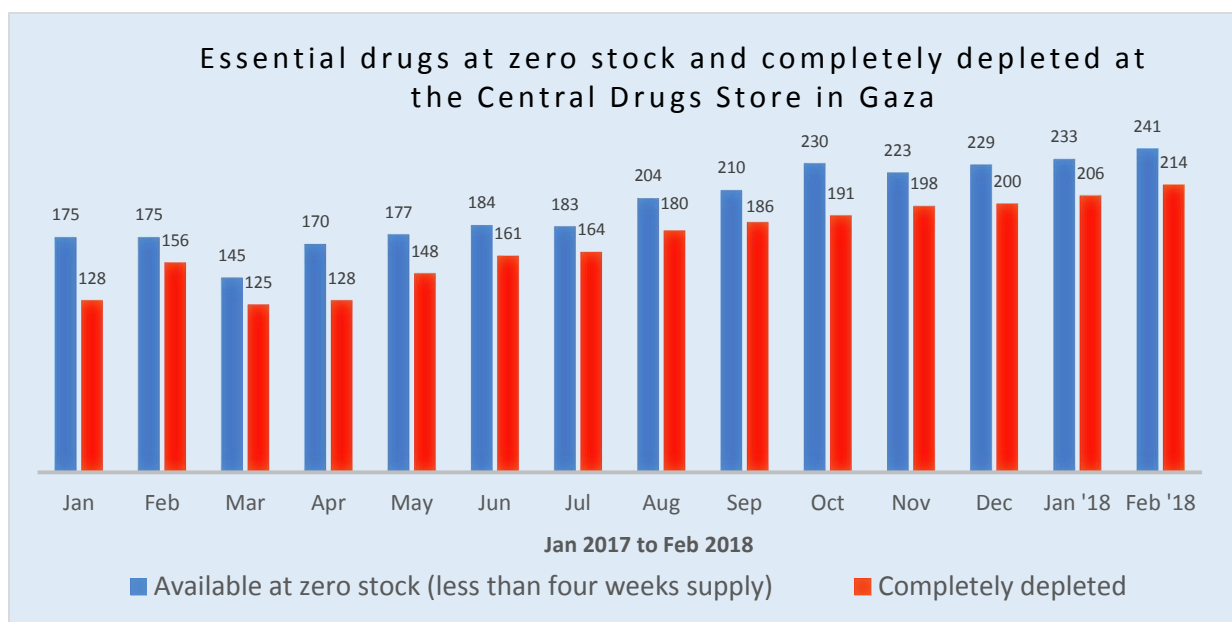
### Shortages in drugs and disposables in Gaza

- The Central Drugs Store in Gaza supplies all 14 MoH hospitals (2,243 beds) and 49 MoH primary healthcare clinics in Gaza. These health facilities provide 40% of Gaza's primary healthcare covering approximately 600,000 people and 90% of all hospital care services.
- By the end of February 2018, a total of 45 drugs and 177 disposables had been delivered from the MoH warehouse in the West Bank to Gaza's Central Drugs Store (CDS). In February, 241 drugs (47%) were at zero stock of which 214 (42%) were completely depleted. Figure 3 illustrates the worrying trend of depleting drug supplies in Gaza.

<sup>2</sup> Method of collection involves passive recording of cases at the hospital and primary healthcare level for MOH, UNRWA and NGO facilities across the whole of the Gaza Strip.

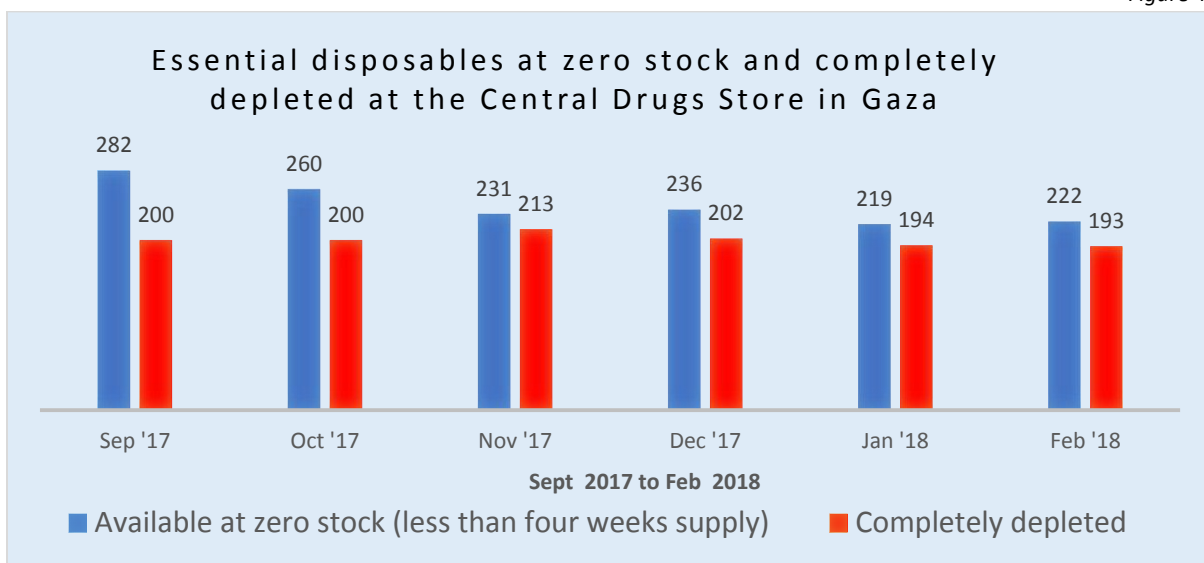
<sup>3</sup> Figures for 2018 will be released in the March Situational Report.

Figure 3



- In February, 65% of cancer drugs were at zero stock, 39% of psychiatric drugs, 36% of drugs needed for patients on kidney dialysis and 30% of drugs used in the emergency room and intensive care units (ICU) were at zero stock. In addition, primary healthcare drugs were at 58% zero stock in February.
- There are 853 items on the essential medical disposables list considered by the MoH as necessary for the provision of essential health care. Disposables include a wide variety of essential items such as syringes, line tubes, filters for dialysis and dressing materials. In February, 222 (26%) were at zero stock, out of which 193 (23%) were completely depleted. Figure 4 below illustrates the level of essential disposables at zero stock and depleted from September 2017 to February 2018.

Figure 4



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## Healthcare Workforce

- Over 6,000 employees, including doctors and nurses, working in hospitals and primary healthcare clinics have not been paid their salaries regularly since July 2014, and receive an average of 40% of their salary every 40 to 50 days
- The reconciliation and efforts to overcome the internal Palestinian political divide has led to some 500 health workers returning to work in Gaza after 10 years of limited clinical practice
- From the 11<sup>th</sup> February to 20<sup>th</sup> February 2018, the cleaning services came to a halt over payment delays. In Shifa Hospital, Gaza's largest hospital, 600 surgeries were postponed and only one out of the 18 operational theatres was functioning

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## Health needs & priorities

- Provision of life-saving drugs, disposables, medical equipment and generators for health facilities
- Equipping hospitals and health facilities with solar energy system units
- Provision of resources to support the collection, storage and transport of blood across the Gaza Strip
- Building local capacity within Gaza to conduct lifesaving surgeries and treatment
- Prepositioning supplies in order to strengthen emergency preparedness
- Enhancing coordination and health information amongst key emergency players on the oPt
- Strengthening emergency community mental health teams across Gaza

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## WHO Response

- WHO has issued a donor alert requesting \$2.4 million USD to cover the immediate humanitarian needs for a period of three months
- WHO disseminated life-saving drugs and disposables to support over 300,000 vulnerable patients
- WHO has established a partnership with MAP-UK to deploy emergency medical teams to Gaza
- WHO has deployed a specialist biomedical engineer to conduct an assessment on the needs of medical equipment in Gaza and the West Bank
- With support from the EU, WHO is procuring 110 types of essential emergency life-saving drugs
- With funding from the Humanitarian Pooled Fund, WHO is procuring laboratory reagents and disposables to sustain six blood bank units across Gaza for a period of four months
- WHO is establishing a Health Resources Availability Monitoring Systems (HeRAMS) across Gaza for monitoring the availability of health services in the 14 public hospitals and 49 public primary healthcare facilities. Health information reports will be issued on a monthly basis
- WHO conducted a coordination meeting with key players including UNDP and JICA, to consult on priority solar energy needs across Gaza's public health sector
- WHO continues to release monthly updates on the access to healthcare for patients being referred outside of Gaza and is monitoring and reporting attacks on healthcare



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## Health Cluster Response

- On the 22<sup>nd</sup> February, Health Cluster partners met in Gaza to coordinate the emergency response
- PMRS established a second Chronic Disease Centre in Gaza
- MAP-UK is supporting blood collection campaigns in Gaza, working in partnership with the Blood Bank in Shifa Hospital. MAP-UK conducted the first Core Laparoscopic Surgical Skills (CSLS) training in association with the Royal College of Surgeons England and the Basic Surgical skills (BSS) training was delivered by local trainers
- UNICEF is in the process of supplying essential drugs worth \$2 million USD, some of which will be prepositioned. UNICEF is also donating 8 incubators and 20 phototherapy equipment for the neonatal and paediatric units in Gaza

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## Upcoming activities

- On the 11<sup>th</sup> – 12<sup>th</sup> and the 14<sup>th</sup> – 15<sup>th</sup> March, WHO will conduct a 2-day training course on Emergency Medical Teams in the West Bank and Gaza, respectively. Over 60 participants across the oPt will be trained.
  - On the 13<sup>th</sup> March, a Health Cluster West Bank meeting will take place to update the Health Cluster contingency plan
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