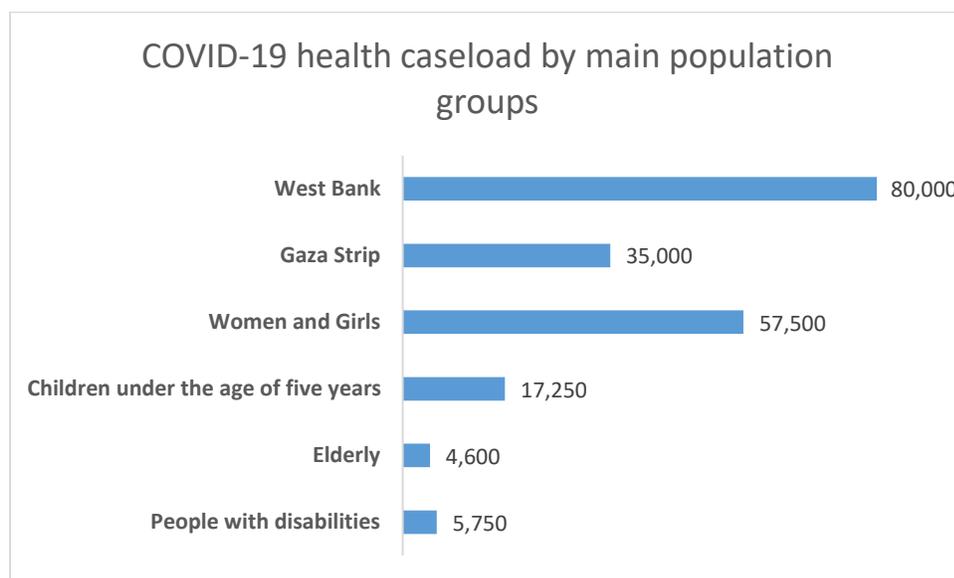


Health and Nutrition Cluster Narrative

More than 1.45 million Palestinians across the oPt have been identified as requiring health-related humanitarian assistance in 2021, two-thirds of them in the Gaza Strip and one third in the West Bank.

Since March 2020, the healthcare system in the oPt is experiencing added strain from the COVID-19 outbreak. The reallocation of already scarce resources to respond to the pandemic, along with the contagion of healthcare workers, has undermined people's access to health. Direct mortality from the virus and indirect mortality from preventable diseases is of major concern. Overall, the pandemic has rendered an estimated 115,000 people in need of health humanitarian assistance.



The demand to scale-up laboratory testing, surveillance, contact tracing, isolation and case management is increasing rapidly, as the number of confirmed COVID-19 cases passed 49,700 by end-September. However, the ability to meet this demand is hindered by the continuous shortages of test kits, testing reagents and swabs to ensure a minimum of 5,000 daily tests. Shortages of equipment, pharmaceutical and disposables for case management place, at any given moment, the lives of at least 20 patients in need of intensive care at risk. About 45,000 frontline healthcare workers in COVID-19 designated hospitals, isolation and respiratory triage centres, ambulance services and primary healthcare facilities struggle with constant shortages of personal protective equipment (PPE): as of September 2020, nearly 700 healthcare workers have contracted the virus.

In Gaza, the rapid spread of the virus within the community since late August has posed a heavy burden on a healthcare system, already overstrained due to 13 years of Israeli blockade, internal Palestinian divide, recurrent hostilities and violence. In the first half of 2020, 43 per cent of essential medicines at Gaza's Central Drugs Store were completely out of stock. Due to the chronic electricity deficit, Gaza's healthcare facilities continue to rely on fuel donations to run backup generators during black-outs.

Efforts to contain the outbreak have undermined the delivery of other essential healthcare services. In Gaza, only 19 out of 51 primary healthcare centres are functioning. Healthcare centres have been converted into COVID-19 quarantine and isolation centres, while some 400 doctors, nurses and administrative staff were mobilized to support their operation. The care of non-communicable diseases and palliative care has been postponed, affecting more than 64,000 people. An estimated 3,500

scheduled elective surgeries per month have been postponed due to management of COVID-19 cases; in addition per month there are approximately 2,000 new cases requiring elective surgeries added to the waiting list which is already at 11,400 cases.¹ Redirection of resources from provision of sexual and reproductive healthcare, obstetric and neonatal care and emergency nutrition services affected an additional 80,000 vulnerable women and 210,000 children, including 25,000 neonates.

As resources shifted to address the pandemic, time-sensitive trauma care needs in the Gaza Strip remain. Health Cluster partners estimate that at least 540 patients injured during the 'Great March of Return' in 2018-9 are still in need of limb reconstruction surgeries and more than 1,000 need rehabilitation.

In the West Bank too, most hospitals have suspended elective surgeries. Outpatient admissions at hospitals have declined by over 50 per cent, as a result of a policy decision on the reallocation of resources, as well as due to the access restrictions and fear of contagion by the people.² The financial situation of East Jerusalem hospitals has been severely undermined due to a 30 per cent decline in revenues since July 2020, driven by the decline in referrals from the remainder of the oPt.

The mental strain generated by the pandemic and its related measures has also increased the need for mental healthcare services. However, the ability of the health system to address this need is severely impaired by major shortages in specialized personnel and drugs. This is underscored by the longstanding failure of this system to integrate mental healthcare into the essential services offered to the population. For example, in the oPt there are 0.41 active psychiatrists per 100,000 people, well below the global median of 1.3.³ Significant capacity gaps and lack of mainstreaming into the essential services are also pervasive in the clinical management of GBV, including rape, at a time when this phenomenon is on the rise.⁴ Consequently, people with severe mental illness, GBV survivors, adolescents with risky behaviour, and patients with COVID-19, among others, require urgent humanitarian support in these areas of healthcare.

Despite significant progress achieved in raising awareness about COVID and the means to prevent its transmission, an oPt-wide KAP survey carried out in June 2020 by UNICEF indicated that some 30 per cent of the population lack sufficient information and 25 per cent tend to stigmatize specific groups for the spread of the virus⁵.

About 173,000 Palestinians living in communities located in Area C, East Jerusalem, Hebron/H2 and the closed area behind the Barrier, continue suffering from limited or no access to primary healthcare and are therefore in need of mobile clinics services. This is primarily because of the restrictive Israeli planning regime, which prevents the construction of the necessary facilities, as well as the prevailing movement restrictions, which impedes access to main service centres.

The access of patients in the Gaza Strip and the West Bank (except East Jerusalem) to specialized healthcare in hospitals outside their respective areas, has also deteriorated since the outbreak of COVID-19. Driven by a combination of financial constraints and precautionary measures related to the pandemic the number of referrals issued by the Palestinians Ministry of Health declined by about 90 per cent. Those patients referred to such hospitals (mainly in East Jerusalem, and for Gaza residents elsewhere in the West Bank) have continued facing delays and denials of their applications for exit permits by the Israeli authorities. In the first half of 2020, a third of patients' applications from Gaza and a fifth of applications from the West Bank were unsuccessful.

Finally, Palestinian healthcare remains vulnerable to attacks. Between January-September 2020 there were 40 attacks recorded in oPt in WHO's Surveillance System for Attacks on Healthcare, which impacted healthcare personnel, transport, facilities, patients and supplies.

¹ HeRAMS

² Palestinian Institute of Public Health report, June 2020

³ WHO Mental health Atlas, 2017: <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>, accessed 12-Sep-2020.

⁴ <https://www.ochaopt.org/content/crisis-within-crisis-fighting-gender-based-violence-gbv-during-covid-19>

⁵ Baseline Assessment for the 'Risk Communication and Community Engagement Plan (RCCE)' for the State of Palestine" published by UNICEF September 2020

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