

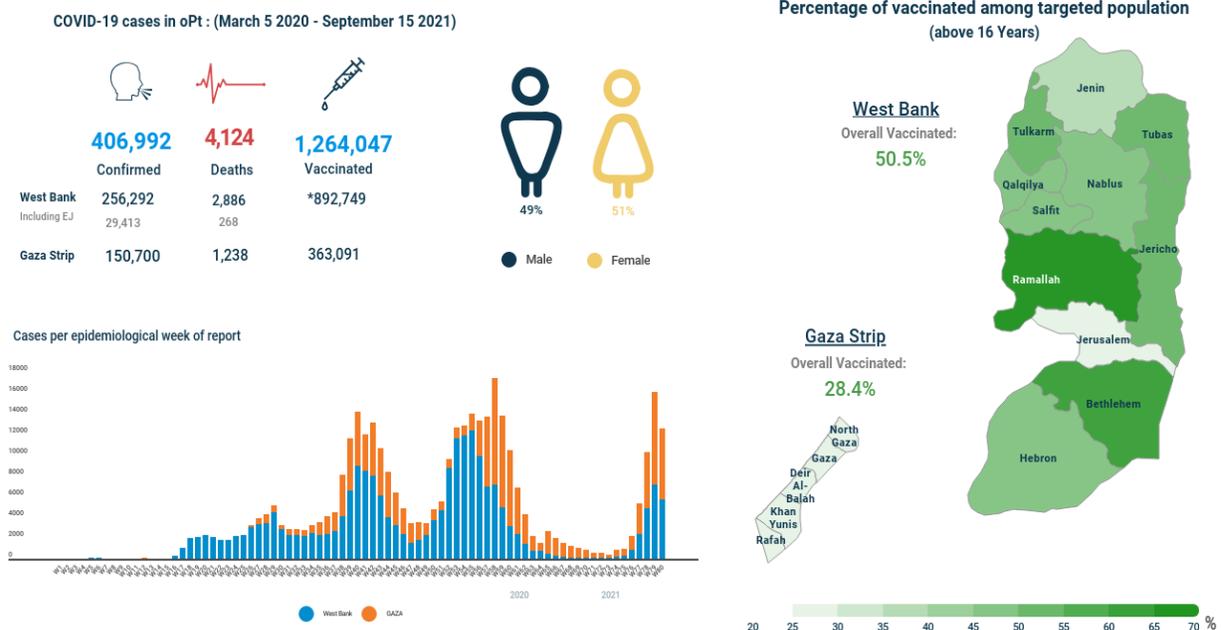
HEALTH AND NUTRITION

The Health Cluster has identified a total of 1,5 million Palestinians, two-thirds of whom in the Gaza Strip, as requiring health-related humanitarian assistance in 2022.

The persisting Covid-19 pandemic, recurring flare-ups in violence and escalation in hostilities, access barriers, along with a weakened, overstretched, and fragile healthcare system in the Gaza Strip because of over 13 years of Israel’s blockade, internal Palestinian political divide, and limited human and financial resources, combined with the marginalization of locations and access restrictions in the West Bank especially in Area C, Hebron/ H2, and specific groups within East Jerusalem, are the context and key drivers of humanitarian health needs in the oPt.

COVID-19 pandemic

The need for COVID-19 laboratory testing, case management, infection prevention, vaccination, risk communication and community engagement, remains a humanitarian priority. It is anticipated that the COVID-19 caseload will continue to burden the healthcare system. Based on 2021 trends, it is estimated that the incident rate could be on average be around 78 per 1,000 but could be as high as 108 per 1,000.¹ Despite some progress being made in vaccination of the Palestinian population the coverage is still well below what would be ideal to reduce transmissions. Data collected by the Multi-Sectoral Needs Assessment (MSNA) in July 2021 shows that 72 per cent of surveyed households in the Gaza Strip, and 45 per cent in the West Bank (WB) reported that not all members are willing to be vaccinated against covid-19. The vast majority (74 per cent) cited ‘vaccine not being safe’ as the main reason. Along with this observed vaccine hesitancy, there may be challenges arising from issues related to the duration of the effectiveness of vaccines, and the potential need for booster shots.



Access to essential health services

Over a year of responding to the COVID-19 pandemic has had significant impact on the delivery of other essential healthcare services which have been intermittently disrupted whenever there have been surges in COVID-19 cases. According to MoH 2020 Annual Report², there are about 130,000 adolescent girls, 90,000 vulnerable women and 225,000 children, including 30,000 neonates in need of the provision of sexual and reproductive healthcare, gender-based violence, obstetric and neonatal care, and emergency nutrition services. About 110,000 people with non-communicable diseases and some of these in need of palliative care remain with very limited available support, affecting especially those with cancer, diabetes, and cardiovascular disease. The July 2021 MSNA found that on average 47% of surveyed households in Gaza and 42% in the WB have at least one member with chronic disease.

The May escalation in Gaza, East Jerusalem and West Bank combined with the effects of the COVID-19 highlighted the continuous need to provide mental health and psychosocial support (MHPSS). According to a 2021 study³ involving 1,800 adolescents (aged 13 to 19 years) conducted by WHO and a local NGO, Juzoor, on the impact of the COVID-19 pandemic on mental health of this group there are significantly elevated rates of psychological distress compared to before the pandemic and lockdown. The results of the MSNA showed that 20-38 per cent of surveyed households have at least one member showing signs of psychological distress in the 30 days before data collection in July 2021. The UN Women Gender Alert⁴ (2021) highlighted that women are disproportionately more affected by the mental health situation.

Access to trauma services

The escalation of hostilities in May 2021 and the continued sporadic incidences across oPt highlight the continued need for expanded and improved trauma and emergency care in the Gaza Strip and the West Bank (including East Jerusalem). This is particularly important as more and more areas in the latter have become hotspots for clashes. To cover the immediate needs of about 65,000 people in the WB, it is estimated that more than 800 health workers, including first responders, doctors, nurses, logistic staff, and members of vulnerable communities, need additional capacity building to better respond to any sudden onset of disaster. According to MoH and PRCS data, in East Jerusalem there are more than 16,000 people have difficulties accessing essential trauma care services, especially in Silwan, Esawiyeh, Old City, Al Tur, Sur Baher. In Gaza, there are an estimated 370 people in need of limb reconstruction surgeries (33% are from the May Escalation while the rest are from the Great March of Return and non-conflict related injuries), and at least 600 in need of rehabilitation. Persons with disabilities either because of conflict or non-conflict related continue to face access challenges due to their own mobility limitations or lack of adaptability of some health services. In parallel, seven Ministry of Health hospitals in Gaza need further improvement of their contingency plans and their preparedness level.

Access restrictions and barriers

Patients, their companions, health workers, and ambulances continue to face barriers to access throughout the oPt. Most patients needing referrals to access to essential health care, including to hospitals in East Jerusalem, are required by Israel to apply for permits to travel. In 2021, WHO reported

that there were over 100,000 permit applications⁵ for patients and companions from January to July; one in three patient applications from Gaza and one in six applications from the West Bank were unsuccessful.

Based on the data from the Mobile Clinics Working Group⁶, about 150,000 Palestinians in marginalised locations in Area C, East Jerusalem, Hebron/H2 and the closed area behind the Barrier, continue to suffer from limited, or no, access to fixed healthcare services and are therefore in need of mobile clinic service provision. Israel's restrictive planning system and its associated demolition orders remain a barrier to accessing health in these communities.

According to the MSNA, among the households accessing health services, 23 per cent reported facing access barriers in the three months prior to data collection that took place in July 2021. Of these, 64 per cent reported the high cost of services and medicines as a major barrier.

Incidence of attacks on health care personnel, transport, facilities, patients, and supplies, remains a concern. From January to June 2021, the WHO recorded 179 attacks⁷, an increase from 59 in the previous year.

Health and Nutrition Needs Indicators

#	INDICATORS	SECTORS	SOURCE
1	Average population per functioning health facility, by type of facility and by administrative unit	Health & Nutrition	MoH and WHO
2	Percentage households that can access primary healthcare within one hour's walk from dwellings and percentage facing access barriers when trying to access health services	Health & Nutrition	MSNA
3	Percentage of healthcare facilities that deliver essential package of health services	Health & Nutrition	MoH and WHO
4	Number of inpatient beds per 10,000 people	Health & Nutrition	MoH and WHO
5	Number of health facility with Comprehensive Emergency Obstetric Care/ 500,000 population, by administrative unit	Health & Nutrition	MoH and WHO
6	Number of health facilities that report capacity to provide advanced surgical procedures including trauma and emergency care / 500,000 population by administrative unit	Health & Nutrition	MoH and WHO
7	Percentage households reporting presence of chronic cases	Health & Nutrition	MSNA
8	Percentage of zero stock medicines out of the essential drug list	Health & Nutrition	MoH and WHO
9	Percentage of people with severe or moderate mental health disorders	Health & Nutrition	MSNA, MoH and WHO
10	Percentage of health facilities who have staff trained to identify mental disorders and to support people with mental health and psychosocial problems	Health & Nutrition	MoH and WHO
11	Incidence rate for COVID-19	Health & Nutrition	MoH
12	Case Fatality Rate (CFR) for COVID-19	Health & Nutrition	MoH

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- ¹ [MoH COVID-19 epidemiological report](#)
 - ² [MoH 2020 Annual Report](#)
 - ³ [WHO and Juzoor study on the impact of COVID-19 on Palestinian adolescents](#)
 - ⁴ [UN Women Gender Alert 2021](#)
 - ⁵ [Health Cluster Bulletin](#)
 - ⁶ [Mobile clinics 4Ws](#)
 - ⁷ [Surveillance System for Attacks on healthcare](#)

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