

Health & Nutrition

AFFECTED POPULATION (200 words)

Increasing attacks against healthcare, violent trauma and accumulating mental health disorders, alongside chronically depleting medical supplies and dwindling number of specialist health care staff, have left a crumbling and fragmented health system. As a symptom of the degrading health system, out-of-pocket expenditures for healthcare as a percentage of current health expenditure has increased to one of the highest in the region at 46%¹, affecting welfare of households, disproportionately impacting the poorest.

An estimated 1.3 million people are in need of humanitarian health interventions across the oPt, of whom two out of every three are in Gaza. Within Gaza, almost 20% of the population requires humanitarian interventions for reproductive, maternal, neonatal and child health services including nutrition; one out of six of Gaza's adult population requires treatment for non-communicable diseases (NCDs), every one in ten person suffers from severe mental health disorders; and 1 in 5 pregnant women in the poorest communities are undernourished. Yet, infrastructure, human resources, and the referral system remains only partially functional after 12 years of blockade, inadequate to cope with the growing needs.

In the West Bank, 377,803 people are in need of humanitarian health interventions. The systematic isolation of communities, as a result of checkpoints, barriers, and growing settlements, has meant communities are cut-off from basic primary healthcare services and even emergency care. With a rise on attacks against healthcare and the persistent movement restrictions, particularly for ambulances and paramedics, the frontline healthcare system and those in need of timely healthcare assistance, remain under threat. In Area C, H2 and seam zone, 165 out of a total of 176 communities now need humanitarian assistance, a total of 162,663 people. Meanwhile, in East Jerusalem, almost one in every five needs some form of humanitarian assistance, with mental health as the most pressing need.

ANALYSIS OF HUMANITARIAN NEEDS: ONGOING CONCERNS AND NEW CHALLENGES (800 words in total)

Across the oPt unmet health needs derive from insufficient access to health care due to a combination of chronically depleting medical supplies, insufficient human resources, and imposed access restrictions, including for patients referred outside of Gaza and the West Bank. Meanwhile, the constant surge of conflict-related casualties has created a double-burden of trauma on frontline services.

The WHO Surveillance System of Attacks on Healthcare has recorded 430 reported incidents of attacks on health care during 2018 resulting in 3 health workers killed and 588 injured, compared to 111 recorded incidents for the year before. 85% of the total reported attacks took place in the Gaza Strip².

Attacks on healthcare impact the functionality of health facilities and further disrupt healthcare delivery, with 103 ambulances and three health facilities damaged in the oPt³. In the Gaza strip, there is a shortage

¹ Eastern Mediterranean Region framework for health information systems and core indicators for monitoring health situation and health system performance. 2018. Cairo: WHO Regional Office for the Eastern Mediterranean. 2019. Data extracted from 2015.

² Data from WHO's Surveillance System for Attacks on Healthcare. Accessed 22/08/2019.

³ And infographic: Attacks Against Healthcare in the Gaza Strip January- December 2018
<http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks2018.jpg?ua=1>

of ambulances and there are only thirteen beds per 10,000 population⁴, which is below Sphere standards of 18 per 10,000⁵⁶.

The chronic exposure to trauma and violence related to the occupation has led to a crisis in mental health. In fact, oPt has the largest burden of mental health disorders⁷ in the Eastern Mediterranean Region. Some 54 % of Palestinian boys and 47 % of Palestinian girls aged six to 12 years reportedly have emotional and/or behavioral disorders, while the overall disease burden for mental illness is estimated to account for some three % of disability-adjusted life years⁸.

In the Gaza Strip over half of the children may be affected by post-traumatic stress disorder, while an estimated 187,000 - almost one in ten people - are in need of humanitarian support as a result of severe or moderate mental health disorders⁹. 68% of school children in areas close to the Israeli perimeter fence have clear indications of psychosocial distress, and 54% said they had no hope for a bright future¹⁰. In the West Bank, an estimated 62,226 people living in isolated areas suffer from severe or moderate mental health disorders and are in need of humanitarian assistance. Recent research on a sample population in the West Bank revealed that the majority of attempted suicides were among females aged 16-25¹¹. Meanwhile, specialized personnel remain scarce, with 0.41 psychiatrists per 100,000 population currently active in the oPt, well below the global median of 1.3 per 100,000¹² and shortages in medication further limit treatment for severe neuropsychiatric cases¹³.

Noncommunicable diseases remain the leading cause of mortality in the occupied Palestinian territory, accounting for more than two thirds of all Palestinian deaths¹⁴. In Gaza, among these patients, approximately 92,690 people suffer from hypertension and 63,004 suffer from diabetes¹⁵. However, recent acute emergency events have required prioritization of emergency interventions at the expense of the management of chronic diseases¹⁶. The lack of medical supplies, including diagnostics and therapeutics, and referral restrictions, are main reasons for delays and interruption in the treatment of

⁴ Ministry of Health facilities.

⁵ Health resources availability mapping systems (HeRAMS), Health Cluster oPt. <http://healthclusteropt.org/pages/9/herams-hospitals> Accessed 22/08/2019

⁶ Eastern Mediterranean Region framework for health information systems and core indicators for monitoring health situation and health system performance. 2018. Cairo: WHO Regional Office for the Eastern Mediterranean. 2019. Data extracted from 2018.

⁷ Charara R, Forouzanfar M, Naghavi M, Moradi-Lakeh M, Afshin A, Vos T, et al. (2017) The Burden of Mental Disorders in the Eastern Mediterranean Region, 1990-2013. PLoS ONE 12(1): e0169575. <https://doi.org/10.1371/journal.pone.0169575>

⁸ Charara R, Forouzanfar M, Naghavi M, Moradi-Lakeh M, Afshin A, Vos T, et al. (2017) The Burden of Mental Disorders in the Eastern Mediterranean Region, 1990-2013. PLoS ONE 12(1): e0169575. <https://doi.org/10.1371/journal.pone.0169575>

⁹ Charlson F, Ommeren M, Flazman A, Cornett J, Witeford H, Saxena S, et al (2019) New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet 2019; 394: 240–48. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

¹⁰ Must obtain report. <https://www.nrc.no/news/2019/march/gaza-childrens-mental-health-rapidly-deteriorating/>

¹¹ Mixed study on risk factors amongst attempted suicide patients and prevention strategies in Palestine. (2019). MDM Switzerland Palestine.

¹² WHO Mental Health Atlas 2017. Accessed 08.08.2019

<https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>

¹³ Psychotropic medications were reportedly unavailable in 42% in Gaza for 2018. Ministry of Health.

¹⁴ Health Annual Report: Palestine 2017. Ramallah: Palestine Health Information Center; 2018

https://www.site.moh.ps/Content/Books/Z8xvh651F8hYKqGw8Zzwzfh4ciTWcEARGA5tGhi3K3SzDhqdRiKkDI_QO5cg6K76I2ykBKI_XZ6nOM5HTVPxqnDbPI9URRkDlqH9sHx3f3PhYp.pdf, accessed 22/08/2019

¹⁵ Ministry of Health Annual Report 2018. Gaza: Palestine Health Information Center; 2019; <https://www.moh.gov.ps/portal/wp-content/uploads/2019/07/MOH-Annual-Report-2018-11-7-2019.pdf>, accessed 17/07/2019

¹⁶ Aebischer Perone, S. Martinez, E. du Mortier, S. Rossi, R. Pahud, M. Urbaniak, V. Chappuis, F. Hagon, O. Jacquérior Bausch, F. Beran, D. (2017). Non-communicable diseases in humanitarian settings: ten essential questions. Journal Conflict and Health.

chronic diseases. Untreated noncommunicable diseases can lead to serious complications such as renal failure, disability, and amputations; in the Gaza Strip, treatment interruptions are common, with 61% of medicines depleted¹⁷ on average in 2018, and 65% depleted in the first 6 months of 2019. Diseases in which treatment interruption causes rapid decompensations, like insulin dependent diabetic patients, patients with severe hypertension, in addition to those on renal dialysis, are considered to be at highest risk of complications and death. These patients are only able to tolerate an interruption of therapy for a maximum of one week and account for 90,646 people in the Gaza Strip.

Meanwhile, incidents of heightened conflict and violence have continued, resulting in double burden of trauma. In a period of twelve months, 277 Palestinians were killed and 28,014 injured as a result of the violence. Yet, the most pressing concern was the staggering proportion of gunshot wounds (25%) of the total casualty caseload, from which approximately 90% were to the limbs¹⁸. WHO estimates that the damage caused by gunshot wounds has resulted in some 1,209 to 1,746 patients who will need specialized tertiary treatment; and an additional 113,000 require targeted humanitarian assistance to access emergency care in Gaza. In other areas across the West Bank, including H2 in Hebron, the need for emergency acute care also remains critical with approximately 33,000 people affected. Maintaining an uninterrupted chain of care from the community to the hospital saves lives, but many of the early links in this chain have been neglected, or isolated as a result of checkpoints and barriers, leading to a degrading frontline health service, including ambulance services and care at the emergency units. Strengthening these emergency services will not only prevent mortality and morbidity from trauma but also acute needs related maternal and child health, exacerbated non-communicable diseases, and infectious diseases.

The current situation in Gaza has further deteriorated the nutritional status of the most vulnerable children under the age of five, pregnant and lactating women. 18% of pregnant women and 14% of lactating mothers who live in access-restricted areas (ARA) are undernourished¹⁹. In the same area, less than 50% of infants are exclusively breastfed, and infant feeding practices are of serious concern considering the poor water and sanitation conditions²⁰. A total of 210,000 children in Gaza under the age of five are vulnerable as a result of micronutrient deficiencies- seven out of ten of children under the age of 5. From this total, there is a pocket of 36,400 children living in ARA who are acutely vulnerable and prone to incidences of watery or bloody diarrheal disease and respiratory infections. The combined effect of poor maternal nutrition status, sub-optimal infant and young child feeding practices, and inadequate water and sanitation situation may lead to an increased risk of acute malnutrition, as well as an impaired physical growth and cognitive development.

¹⁷ Depleted defined as less than one-month stock.

¹⁸ Olim. N, Halimah S. A One-Year Review of Trauma Data and the Humanitarian Consequences (2019). World Health Organisation West Bank and Gaza.

¹⁹ Multisectoral nutrition assessment - WFP, Unicef and Save the Children; 2019; https://docs.wfp.org/api/documents/WFP-0000105498/download/?_ga=2.76193941.1025595199.1567326065-455604567.1564564834; accessed 17/07/2019

²⁰ Multisectoral nutrition assessment - WFP, Unicef and Save the Children; 2019; https://docs.wfp.org/api/documents/WFP-0000105498/download/?_ga=2.76193941.1025595199.1567326065-455604567.1564564834; accessed 17/07/2019

Furthermore, according to MoH, maternal mortality in the oPt increased from 5.9 to 16.7 deaths per 100,000 live births between 2017 to 2018²¹. A review process is ongoing to analyse the data, as there may be underreporting, and to ascertain the contributing factors, such as a weakened primary health care, stock outs of essential drugs and disposables, and lack of access to family planning services. In 2018, 72% of the mortalities were ante-partum, suggesting significant gaps at the primary healthcare level²². Access to life-saving reproductive health services and supplies, including family planning continues to be in critical status.

In the West Bank, primary healthcare services continue to face major challenges, especially as access to some of the most vulnerable communities is hampered in Area C, H2 and the “Seam Zone”. 165 communities, with a population of 162,663 have limited access to basic primary healthcare services; including people with disabilities entirely neglected.

The Palestinian Ministry of Health refers Palestinian patients to non-Ministry of Health facilities for specialist healthcare. Most referrals require Israeli-issued permits to access health facilities. However, in Gaza, the approval rate for patient permits dropped from over 90% in 2012 to 54% in 2017. In 2018, the approval rate for patient permit applications was 61% for the Gaza Strip, and substantially lower for those injured during the Great March of Return (19%). In the West Bank, the approval rate for patient permits has remained similar over the last 8 years. In 2018, the combined approval rate for patient and patient companion permit applications was 82%.²³

²¹ Annual Health Report 2017 and 2018

²² Ministry of Health Report (2019). Further updated on the 3rd September 2019.

²³ Permits data from the Palestinian Coordination and Liaison Office, 2018