



Hayfa charity hospital takes preventive measures to contain the spread of COVID-19. Credit: Hayfa Hospital

occupied Palestinian territory (oPt)

Emergency type: Chronic conflict and outbreak

HIGHLIGHTS

Meeting Objective 1: To stop further transmission of COVID-19 in the oPt*

Community engagement campaign reached 362 000 people



PPE items: More than 1 million surgical masks, 2.6 million disposable gloves and 31,000 overalls have been delivered



105,919 COVID-19 tests conducted



Meeting Objective 2. Provide care for patients affected by COVID-19 and to support families and close contacts*

13 dedicated COVID-19 hospitals in the West Bank



3 dedicated COVID-19 hospitals in Gaza Strip

Meeting Objective 3. To mitigate the impact of the epidemic*

Maintain primary healthcare, sexual, reproductive health care services, trauma care, and MHPSS

COVID-19 Response Plan 2020



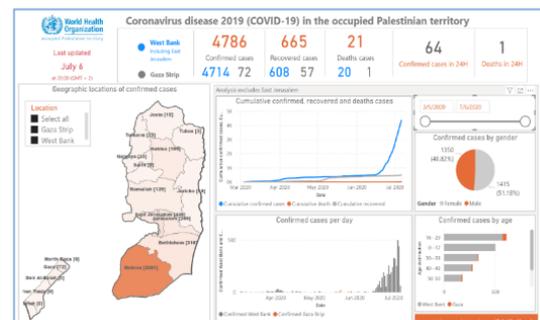
30+ agencies



61% funded of \$19.1 million

Epidemiological Situation:

For the latest information on COVID-19 situation in the oPt please access our information resources:



[COVID-19 dashboard](#)



Priority needs for COVID-19

With significant increase in the number of confirmed COVID-19 cases in the West Bank during the last two weeks of June 2020 and the expected return of substantial number of Palestinians to the Gaza Strip, the health sector's response for the management of COVID-19 outbreak in the occupied Palestinian territory (oPt) focused on the rapid containment of the outbreak through:

- scaling up of testing capacities across the oPt;
- effective surveillance, contact tracing, timely isolation of confirmed cases and quarantine of suspected cases;
- infection prevention and control, focusing on protection of frontline health workers, staff at treatment, isolation and quarantine centres, staff at primary healthcare facilities and ambulance services;
- effective case management as per latest internationally adopted protocols and WHO recommendations, including provision of mental health and psychosocial support services for COVID-19 patients and their families and communities at large;
- large scale risk communication and community engagement to achieve social behaviour change and promote physical distancing, hand and respiratory hygiene and prevention of stigma and misinformation;
- ensuring essential health services affected by re-direction of scarce health system resources to COVID-19 response were sustained.

Human resources capacity and the availability of essential supplies to manage the COVID-19 outbreak have been identified as the key priority needs as follows:

Laboratory testing items

The MoH is scaling up its testing capacity and is currently conducting up to 5,000 COVID-19 PCR tests daily. According to the MoH, the needs for testing would be up to 150,000 tests per month until the end of 2020.

Personal protective equipment items for frontline health workers

Despite substantial supply of PPE items during the reporting period, there remain shortages, especially in the West Bank governorates severely hit by the outbreak and in Gaza. The MoH estimates that at least 2,000,000 gloves, up to 750,000 surgical masks and 100,000 N-95 respirators would be needed every month until the end of 2020.

Capacities for treatment and critical care of COVID-19 patients

Global shortages of medical equipment and disruption of coordination and transportation linkages significantly delayed procurement and delivery of key medical equipment for critical care of COVID-19 patients. While health cluster partners and bilateral donors are catching up with the delivery of medical equipment, needs for procurement of additional equipment, essential drugs and disposables used for management of COVID-19 patients, especially for Gaza Strip remain. Currently Gaza is prepared to manage almost 500 cases, and there is a need to scale this preparedness to 2,000 cases. At least an additional 50 sets of intensive care equipment required to cover the priority needs in Gaza treatment centres and up to 100 in the West Bank treatment centres. For latest needs, please consult the Health Cluster Supply Tracking. There is also a need to ensure that sufficient specialised medical teams are assigned to all treatment centres and to hospital, including, epidemiologists, ICU specialists, communicable and infectious diseases staff. More than 1,000 MoH employees across the oPt have received training and are involved in the management of quarantine and isolation facilities, which caused shortages of human resources at the non-COVID-19 health facilities. More capacity building is needed for health and non-health employees to deal with suspected and infected cases. The involvement of partners in the response to COVID-19 is vital to enable MoH to manage cases effectively.

Isolation and quarantine facilities

The Ministry of Health (MoH) designated 13 facilities in the West Bank, including one in East Jerusalem and three facilities in Gaza Strip as treatment centres for COVID-19 (as of end June 2020). A map of designated facilities, is at: https://www.ochaopt.org/sites/default/files/wb_a4_covid-19_centres.pdf

All incoming travellers to Gaza enter a 21-day quarantine in six designated facilities. In the West Bank, travellers are asked to stay in home quarantine for 14 days. In Gaza, quarantine centres are not considered to be medical facilities, but the non-health needs of those quarantined need to be met by providing food and non-food items, clean water, sanitation and hygiene services. There is also a need to monitor the medical condition of those quarantined for signs and symptoms of COVID-19 and for the deterioration of existing health conditions. Robust behaviour change interventions are also needed to ensure understanding and compliance with hand and respiratory hygiene and quarantine rules. Staff serving such centres require essential personal protective equipment items such as masks and gloves, disinfection items and basic health equipment. Training on early signs and symptoms of COVID-19, standard operating procedures in case of suspected case as well as infection prevention and control are all essential. The increased need to manage such facilities creates an additional challenge to the health sector. MoH had to close 20 Primary Health Care Centres and use their staff to manage quarantine and respiratory triage centres. The health sector requires the support of NGOs in the delivery of services for non-COVID-19 cases.

In the West Bank, all suspected, contact cases and non-symptomatic and mild confirmed cases in the West Bank are asked to stay at home isolation for a period of 14 days. This may not always be possible, especially for the low-income families and refugees living in crowded camps, some of which have tested positive for COVID-19 in Hebron and other governorates. There is a continuous need to support such families with health follow ups and provision of essential food and non-food items, including hygiene kits and disinfectants. Community engagement for behaviour change needs to be accelerated. While the MoH, governorate health authorities will bear the main burden to control the COVID-19 outbreak in oPt, there should also be a space for other agencies, local civil society and non-governmental organisations to support the services for COVID-19 patients.

Maintaining essential health services

It is vital to maintain essential primary and secondary health care to all population in the oPt. While the MoH, health authorities and local governorates focus on containing the COVID-19 outbreak, services such as sexual and reproductive health, maternal and child healthcare and nutrition services, access to NCD treatment, emergency care services, access to cancer treatment should be maintained. There is also a need to maintain provision of such services to COVID-19 affected patients through designation of health facilities and/or wards for life-saving interventions such as deliveries for pregnant women, cancer treatment and emergency care services.

Health access

In the context of Israel's proposed annexation of parts of the West Bank, there has been suspension to the processing and coordination of permit applications, with grave implications for health access.

In the Gaza Strip, many patients had severely restricted avenues to apply for exit permits, adding to the already considerable barriers from the functioning of permits system and the delays and denials created for patients and companions. In May, just 160 patient permit applications were submitted, with 150 submitted by the Health Coordination Office and 10 by the Palestinian Center for Human Rights. Two-fifths (41%) of applications were for cancer patients and a half (49%) were for appointments at hospitals in East Jerusalem. The approval rate was 66%.

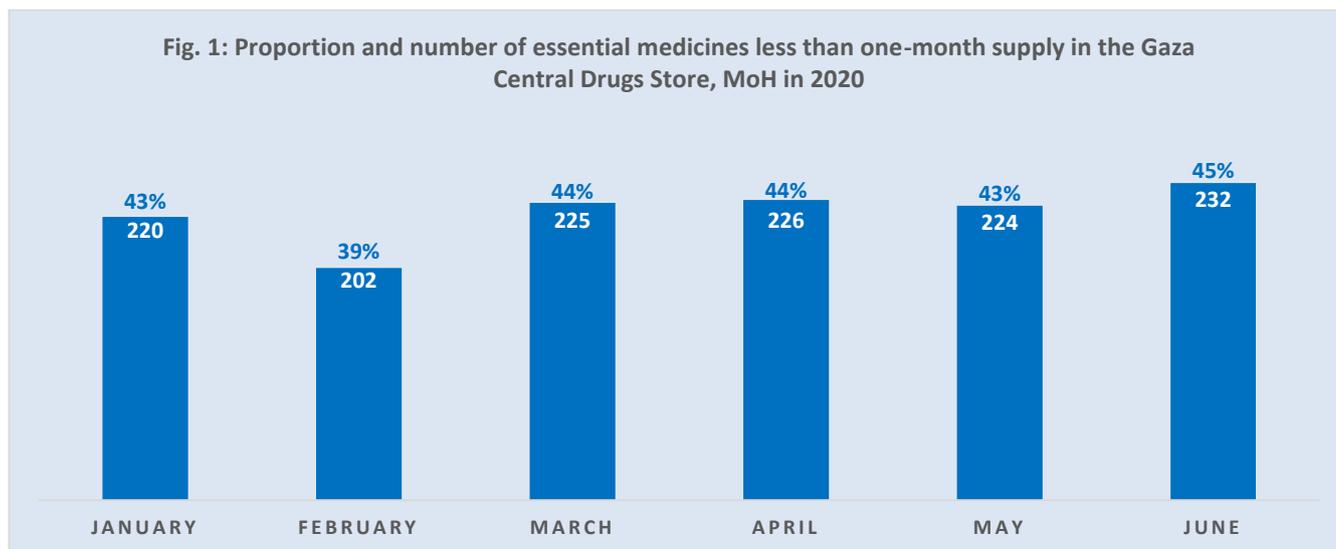
In the West Bank, patients and companions have been able to apply directly to the Israeli District Coordination Office for permits, though this has meant incomplete data on permits delays and denials from May. For data available from the Civil Affairs Administration, there were 1,525 patient permit applications, of which 59% were approved. Read [WHO's publication](#) on patients from the Gaza Strip affected by the severe barriers to access and [WHO's latest monthly access report for May](#).

Availability of essential medicines and disposables in the Gaza Strip

The chronic lack of available medicines and disposables in the Gaza Strip, impacts the ability to adequately respond to a potential outbreak, and even to maintain the continuum of care for essential healthcare services.

In June, 232 items (45%) out of the essential drugs list, were reported at less than one-month supply at the MoH Central Drugs Store (CDS) in Gaza. Out of the 232 items, 219 items are totally depleted, representing 42% from the full essential drugs list. Additionally, 216 items (31%) of the essential medical disposables were reported at less than one-month supply.

Figure 1 below shows the proportion and number of essential medicines at less than one-month supply.



Operational Response to COVID-19

Protecting Health Workers and Communities through capacity building on Infection Protection Control and supplies

Partners: MDM-F, Palestinian Family Planning and Protection Association (PFPPA), PCRF, UHCC, PRCS, MAP-UK, World Vision JWG, UNFPA, UNICEF, World Health Organization (WHO)

During the reporting period, Health cluster partners supported the staff of the Ministry of Health, the health authorities in Gaza and staff of partner agencies in delivery of personal protective equipment (PPE) items and medical equipment for infection prevention and control (IPC) and capacity building on IPC and case management of COVID-19 patients:

- More than 1 million surgical masks, 2.6 million disposable gloves and 31,000 overalls have been delivered by the Health Cluster partners to the health facilities to ensure that frontline health workers across the oPt, including in East Jerusalem are protected while caring for suspected and confirmed COVID-19 cases.
- In West Bank and Gaza, more than 500 frontline health workers at the hospitals, primary health care centres, respiratory triage centres, NGO service providers and ambulance services were trained on COVID-19 case management, patient pathway and use of personal protective equipment.
- More than 5,000 vulnerable families, including those who have people with disabilities, elderly family members and pregnant and lactating women benefitted from distribution of hygiene kits and disinfection items.

Enhancing laboratory capacity to test for timely detection contact tracing, isolation

Partners: PCRF, Qatar Red Crescent, UNICEF and WHO

Scaling up the COVID-19 testing and contact tracing and isolation are very important to contain the outbreak in the oPt. Health cluster partners supported the MoH in provision of necessary laboratory equipment, including SARS-nCOV-2 testing kits, real-time PCR machines, reagents and disposables necessary to conduct more than 25,000 COVID-19 tests.

Case management and support to treatment and quarantine centres

Partners: PCRF, PFPPA, UNICEF, UNFPA, Oxfam, World Vision JWG and WHO

In the reporting period, Health cluster partners have supported extensive training on case management, procurement and delivery of essential medical supplies, pharmaceuticals and equipment to support case management and quarantine centres, including:

- Delivery of 13 syringe pumps and 13 infusion pumps to MoH to support the intensive care units at the COVID-19 treatment centres in the West Bank and Gaza Strip.
- Provision of essential drugs and disposables to support the respiratory triage centres in Gaza.
- Provision of more than 900 contactless thermometers, 200 beds and other essential items, meals and infection preventions and control supplies to quarantine centres across West Bank and Gaza Strip.

Health cluster partners supported the MoH across the West Bank and Gaza Strip in coordination and resumption of provision of MHPSS services for families and communities affected by COVID-19 and beyond:

- A rapid assessment on the service delivery for mental and substance use disorder services in MOH was conducted;
- Almost 6,000 people, including more than 3,300 women received MHPSS consultations and support;
- More than 1,400 people benefitted from remote support services, including through telephone consultations

Risk communication & community engagement

Partners: MDM-F, PCRF, UNFPA, UHCC, UHWC, WV JWB

Health cluster partners disseminated public health messages and guidance for COVID-19 in the oPt. This included a COVID-19 RCCE campaign supported by WHO, UNICEF, UNRWA, Ministry of Health (MOH) and 40+ partners, including a private taskforce. Across the cluster, the following milestones were achieved in sharing health information for the reporting period:

- reached more than 3.9 million views of COVID-19 content on social media (including Facebook, Instagram, Twitter and YouTube)
- reached more than 1.5 million people via text messages
- disseminated more than 87,500 brochures
- released a social media emergency pack (with social media cards, videos, brochures and radio spots) for Governorates
- targeted the general public as well as vulnerable communities (with clusters of cases or vulnerable populations), students, the elderly, those in quarantine
- messaging topics ranged from warning of dangers of COVID-19, sharing preventative measures to mental health, gender-based violence, MHPSS, caring for children, tackling stigma and caring for vulnerable groups.

Featured project: US \$5M Emergency funding for COVID-19 response in West Bank



CRS and Juzoor conduct assessments of healthcare facilities responding to COVID-19 with MoH. Credit: CRS

Catholic Relief Services (CRS) and local partners are implementing a six-month COVID-19 emergency response project in the West Bank, thanks to US\$5 million in emergency funding from USAID. The project focuses on equipment, supplies and Infection Prevention Control (IPC) trainings for approximately 10 centres and health facilities playing a key role in COVID-19 response, in addition to risk communication and community engagement and critical hygiene items for at least 5,000 families at high risk of COVID exposure. The project is being closely coordinated with the Ministry of Health, the health and WASH clusters, the RCCE working group and WHO. Rapid assessments have been conducted in five governorates across the West Bank; plans for early project inputs are currently being finalized based on

assessment findings.

For further information, please contact Britton Buckner, CRS at britton.buckner@crs.org.

Access to Essential Healthcare Services

Sexual and reproductive health, mother and child health and nutrition, non-communicable diseases

Partners: UHWC, PHR, QRC, UHCC, UNFPA, UNICEF and WHO

Providing essential health services, including sexual and reproductive health (SRH), child health and nutrition, services for people requiring NCDs and palliative care continues to be challenging in the context of COVID-19, due to re-allocation of resources and restrictions on health service provision. Despite this, cluster partners supported the following efforts:

- Supported more than 50,000 beneficiaries in the Gaza Strip, including 25,000 children with health services for NCD, including provision of essential pharmaceuticals for chemotherapy, dialysis, acute and chronic respiratory illnesses and iron-deficiency anaemia
- Provided essential primary health healthcare services through mobile clinics and NGO health centres benefitting an estimated 20,000 men and women in the West Bank and Gaza Strip
- Approx. 7,089 high risk pregnant and lactating women and 1,785 children benefited from continued essential health and nutrition care services, including counselling on infant and young children feeding and more than 9,000 people received SRH services in Gaza
- Essential SRH medical supplies procured for MoH and NGOs to ensure continuation of services, an estimated 122,000 people benefitted from the delivery of essential SRH supplies
- An estimated 2,000 people reached with home visits by healthcare workers to continue access to essential health services in the West Bank.

Trauma and emergency care

Partners: UHWC, Humanity and Inclusion (HI), QRC, UNICEF and WHO.

A number of health cluster partners supported the health authorities in trauma and emergency care services, including provision of a range of multidisciplinary rehabilitation services, procurement and distribution of medical supplies and assistive devices as well as conducting a number of planning meetings with different partners.

- More than 1,420 cases across Gaza received trauma and emergency care and about 256 complex surgeries were performed in different specialities combined with on-job trainings to local staff
- More than 240 people in Gaza with injuries and disabilities were targeted in a rehabilitation program that included multidisciplinary rehabilitation sessions of physiotherapy, occupational therapy, wound dressing, psychological support, including assessments of needs
- A total of 3,200 multidisciplinary sessions were conducted, 224 rehabilitation brochures were distributed, 113 medical disposable packages and 73 assistive devices were donated to eligible beneficiaries
- About 70 trauma bags were prepositioned (35 to West bank; 35 to Gaza), which benefited an estimated 500 persons
- A contingency plan was developed for rehabilitation services to cope with COVID19, a training was conducted on assistive devices prescriptions and a workshop was held for Gaza MoH Heads of Emergency Departments focusing on the optimal management of Mass Casualty Incidents



HI partner's nurse is dressing the wounds for a person with injury at the centre level in Gaza. Credit: HI

Key Challenges

- Access to essential healthcare services continues to be negatively affected by the re-distribution of scarce health system resources for the COVID-19 response
- Restrictions imposed to contain the pandemic continue to pose operational challenges. Humanitarian staff are affected by restrictions on movement and lengthy quarantine requirements; many vulnerable groups, including pregnant and lactating women, are less likely to go for their routine appointments, out of fear of contamination and existing restrictions; restrictions on the entry of foreigners to the Gaza Strip impede the deployment of expertise for service delivery and training activities. Low adherence to essential public health measures, following the lifting of restrictions, is also leading to concerns of a second wave of COVID-19 cases
- The Palestinian Authority (PA) halt of coordination with the Israeli authorities has compounded pre-existing challenges faced by humanitarian agencies in the procurement and delivery of essential items for the COVID-19 response. This is because of the disruption in the PA transfer to the Israeli authorities of tax and customs documentation needed for the importation of supplies. The UN Country Team, led by the Resident/Humanitarian Coordinator (HC/RC), is working with all parties to mitigate the impact of this constraint
- Local and global market delays, fluctuating prices and limited working hours of relevant authorities impede the procurement and delivery of essential items, posing operational challenges.

Funding status

In order to respond to the growing health needs as a result of COVID-19, the Health Cluster requires a total of US \$ 19.1 million. Out of this, \$ 11.2 million has been received, leaving a funding gap of \$ 7.8 million. An additional \$10.1 million was received by cluster partners outside of the inter-agency COVID-19 response plan.

Meanwhile, the Health Cluster partners also require \$ **37.5 million USD** to address health needs of the most vulnerable communities in the occupied Palestinian territory for 2020, targeting 730,000 people out of the 1.2 million people in the Gaza Strip, West Bank (including East Jerusalem) in need. To date, a total of \$ 10 million has been secured (79% for UN, 12% for national NGOs, 8% for international NGOs), leaving a gap of \$ 27.5 million.

Key resources

[General information](#)

[Technical guidance](#)

[COVID-19 Response Plan, prepared by the Humanitarian Country Team](#)

[State of Emergency: Palestine's COVID-19 Response Plan](#)

Contacts

Dr. Gerald Rockenschaub | Head of WHO oPt Office | rockenschaubg@who.int

Dr. Ayadil Saparbekov | WHO Health Emergencies Team Lead | Health Cluster Coordinator, a.i. | asaparbekov@who.int

Alice Plate | WHO oPt Communications Officer | platea@who.int