



Damages to AL-Remal Health Centre – Gaza which includes the central laboratory. Photo: MoH

HEALTH CLUSTER BULLETIN
June 2021

occupied Palestinian territory (oPt)





Emergency type: Complex

Reporting period: 1-April-2021 to 30-June-2021


HIGHLIGHTS

- The May escalation had a massive impact on the humanitarian health of people in Gaza and the West Bank.
- There were a total of 260 fatalities and 13,170 injured as a result of the escalation in oPt.
- The COVID-19 response was disrupted by the insecurity which is reflected in the reduced amount of diagnosis.
- Many health facilities especially in Gaza were forced to close due to insecurity or damage preventing access to essential services such as primary health care, SRH, etc.
- The mental health well-being of the populations including frontline workers in Gaza and the West Bank was significantly threatened by the conflict which added to the mental strain already experienced by the population.
- In June efforts were strengthened to increase COVID-19 vaccinations across oPt with the introduction of more vaccination points and opening up vaccination to anyone who is eligible.


HEALTH SECTOR

-  **1.4 M** need assistance
-  **1.2 M** targeted
-  **654 K** reached
-  **100** partners


HEALTH FACILITIES (GAZA)

-  **29 (100%)** fully functioning hospitals
- 146 (98%)** fully functioning primary health care clinics
- 3 (2%)** not functioning primary health care clinics

MOBILE CLINICS (WEST BANK)


-  **8** mobile medical teams/clinics currently provide primary health care services

COVID-19 UPDATE as of 4 August 2021


-  **346,245** confirmed cases
- 1,475** active cases
- 3,877** deaths

AVAILABILITY OF MEDICAL SUPPLIES (GAZA)

June 2021

-  **42%** of essential medicines, less than one-month supply
- 32%** of essential disposables, less than one-month supply

HEALTH CLUSTER FUNDING STATUS

	Funded	Requested US\$
 HRP 2021	40 %	46.4 M
Flash Appeal	64%	10 M

Public Health Risks, Priorities, Needs and Gaps

Communicable diseases



7,233

Home isolated people benefited from medical follow up and isolation kits with adequate messaging

Women	3,466	Elderly	100	West Bank	1,027	PMRS
Children		PwD	27	Gaza	6,206	CRS, MDM-Suisse, PMRS

Needs and gaps

- Despite anticipated further surge in COVID-19 cases in the second quarter, there was a decline in new cases of COVID-19 both West Bank and Gaza which was reflected by the reduced number of admitted cases at COVID-19 treatment centres and hospital as well as ICU occupancy rates.
- One of the reasons of the observed decline in testing and admissions for COVID-19 was the impact of the May escalation that affected access to essential health care services including COVID-19 diagnosis and care.
- Since the identification of 49 Delta variant cases, measures to quarantine travellers coming from areas with high burden of Delta variant have been put in place to control the local transmission.
- There are different vaccines that have been approved by the Palestinian Authority for use. At the time of publishing this bulletin, 601,453 people have received at least one dose of vaccine whilst 420,641 have been fully vaccinated.
- Vaccination uptake in Gaza is still less than expected however June witnessed greater demand for vaccination as efforts to address vaccination hesitancy were intensified.

Priorities

- Work with the PA MoH to ensure that vaccines are consistently available and accessible to targeted groups.
- Support service providers with supplies such as syringes, needles, freezers and other needed items to guarantee the capacity to vaccinate and keep the vaccines according to recommended temperatures.
- Continue engaging with the community to ensure adherence to public health measures and create demand for vaccination to support the vaccination campaign and reduce vaccine uptake hesitancy.



15,000

Suspected/ confirmed cases of COVID-19 benefited from PCR testing

Gaza	15,000	WHO	
Women	5,430	Elderly	600
Children	2,340	PwD	750



689

Healthcare workers trained on COVID-19 laboratory testing, IPC, and case management

West Bank	422	PMRS
Gaza	689	PMRS, WHO

Risk communication and community engagement



708,886

People benefited from Risk Communication and Community Engagement activities

Women	135,756	Elderly	9,780	West Bank	16,407	PMRS, UNRWA
Children	57,544	PwD	9,791	Gaza	692,479	GCMHP, Igatha48, MDM-Suisse, PMRS, UHWC, UNRWA, WHO



117,216

People received hygiene and prevention kits with adequate messaging

Women	37,653	Elderly	10,923	West Bank	28,924	PMRS
Children	35,229	PwD	4,358	Gaza	88,292	CISP, CRS, GCMHP, MDM-Suisse, PMRS

Needs and gaps

- RCCE needs to scale up community engagement to advance knowledge, change attitudes and behaviours in the community, especially in relation to COVID-19 vaccine uptake.
- There is a need to address misinformation as a priority in relation to the COVID-19 vaccines: the challenge of dealing with negative and misleading perceptions about the safety and efficacy of certain vaccine brands.

Priorities

- Support the PA MoH in collaboration with its national broadcaster, in efforts to encourage vaccine uptake, and address misinformation, train social mobilizers and generate data on knowledge, behaviours and attitudes.
- Produce awareness-raising information materials on the continued dangers of the COVID-19 pandemic and the importance of getting vaccinated. These materials include (videos, radio spots, printed materials and news reports that will be broadcast on all official social media platforms).
- Encourage local committees under the local government units, as well as youth, health unions and associations to take part in this campaign through their own online platforms and information dissemination efforts.
- Support the creation and capacity development of a media alliance across Palestine to address rumours, stigma, and misconception and promote vaccine uptake in general.



Jericho Vaccination centre: Printed materials by PMRS on the importance of receiving COVID 19 Vaccines

Trauma and Emergency Care


	260 Killed	Women	194	West Bank	46		13,170 Injured	Women	509	West Bank	10,945
		Children	65	Gaza	260			Children	1,250	Gaza	2,225


Needs and gaps


- The biggest lesson learned from the recent escalation is that investment in preparedness pays off. Gaza health system responded better thanks to the prepositioned equipment and supplies for the Emergency Departments, as well as the two Emergency Medical Teams.
- In the West Bank there is need for increased support for trauma and emergency medical care services as the sporadic clashes have continued beyond the May Crisis and is expected to persist.


Priorities

- The top priority address some of the key gaps identified during the May escalation and ensure preparedness for the next crisis.
- Ensure that trauma-related cases are not neglected and in parallel further enhance trauma health care in Gaza and West Bank.

	486 Patients treated for limb reconstruction	Women	73	Elderly	11	Gaza	486	MAP, UNRWA, WHO
		Children	88	PwD	25			

	526 Patients benefitted from provision of elective surgery	Women	109	Gaza	526	IMC, PHR, UHWC
		Children	69			

	572,945 People benefiting from the provision of medical supplies (drugs, disposables, equipment, ..)
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	717 Health staff trained on essential life-saving interventions
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West Bank	26,050	PMRS
Gaza	546,895	Igatha48, MDM-Suisse, MdM-F, MedGlobal, PHR, PMRS, UHWC, UPA, WHO

West Bank	295	PMRS
Gaza	422	MedGlobal, PHR, PMRS, WHO

Disability and rehabilitation



2,247

Patients provided with multidisciplinary rehabilitation services

Women	804	Elderly	122	West Bank	958	PMRS
Children	1,021	PwD	253	Gaza	1,289	HI, MSF-Belgium, MSF-France, NSR, PMRS, WHO

Needs and gaps

- COVID-19 related restrictions increased the need for remote sessions; however, electricity and internet problems were a major challenge.
- The May escalation resulted in the cancellation of expatriate missions to support local staff in service provision or to conduct capacity building activities.
- Partial damage to some clinics like MSF F clinic in Gaza and Al-Awda Hospital nearby houses, hindered access.
- Increased caseload due to integration of new trauma patients affected by the last escalation in May 2021.
- Delays in the procurement of ADs and medical supplies to respond to the needs of new injured people and people with disabilities due to closure of borders.
- Fluctuating prices of medical supplies, hygiene materials and assistive devices in the local market limited the capacity of rehab service providers to respond to the needs of beneficiaries.

Priorities

- Systemize the referral mechanism under the Rehabilitation Task Force to ensure proper coordination among rehabilitation actors and response to the needs of trauma patients and people with disabilities.
- Intensify fundraising for outreach rehabilitation projects targeting people with long term disabilities.
- Capacity building of national staff on emergency rehabilitation and minimum standards of rehabilitation to ensure better quality of service provision and preparedness for any future emergency/ conflict.
- Coordination among rehabilitation actors and MHPSS service providers to ensure integration of the MHPSS service in the multidisciplinary rehabilitation intervention and response to the needs of traumatized persons after the last escalation or the ones impacted by COVID 19 pandemic.

Sexual and Reproductive Health



539

Women and girls accessed sexual and gender-based violence (SGBV) life-saving services (including CMR)

Women	194	PwD	28	West Bank	142	PFPPA, PMRS
Girls	80			Gaza	397	PFPPA, PMRS, UNRWA



276

Women and girls referred to shelters, Mental Health and Psychosocial Support services (MHPSS) and/or legal services

Women	139	PwD	10	West Bank	121	MDM-SPAIN, PFPPA, PMRS
Girls	31			Gaza	155	PMRS, UNRWA

Needs and gaps

- Availability and accessibility of essential sexual and reproductive health services in Gaza and West Bank was heavily affected by the May escalation.
- Family planning services remain a particular concern, especially for IUD insertion, where there are needs for provision of quality instruments, training for staff and strengthening the supply chain especially between the central and peripheral levels.
- COVID-19 vaccination remains an unresolved issue for the pregnant women especially for those with chronic diseases and classified as risk pregnancy.


- Coordination between different SRH providers needs improvement especially the follow up on the ground where this is believed to be core component to strength the complementarity roles.


Priorities


- Ensure continuation of essential services including antenatal / postnatal care and family planning services.
- Fill gaps in SRH supplies including equipment, drugs, and disposables, i.e., Bakri balloons etc. Activation of home visits which have proved their effectiveness and efficiency in particular those with midwifery-led counselling services which will contribute in preserve the continuum of essential and lifesaving PHC and SRH services.

Mother-Child Health and Nutrition


	105,422	Children under 5-years-old received quality health and nutritional services	Boys	53,922	PwD	48	West Bank	21,915	PMRS, UNRWA
			Girls	51,455			Gaza	83,507	AEI, IMC, MAP, PMRS, UNRWA, WHO

	135,398	Pregnant and lactating women received quality Sexual and Reproductive Health and nutritional services	Women	31,127	PwD	1003	West Bank	5,788	MAP-UK, PFPPA, PMRS
			Girls	2,720			Gaza	129,610	PFPPA, PMRS, UHWC, UNRWA, WHO

	1,453,356	People benefiting from the provision of medical supplies (drugs, disposables, equipment, ...)	West Bank	26,050	PMRS
			Gaza	1,427,306	AEI, MDM-Suisse, PMRS, UNRWA, WHO

	496	Healthcare workers trained on neonate interventions, SRH topics and management of Malnutrition	West Bank	295	PMRS
			Gaza	201	IMC, PMRS, WHO

Non-communicable diseases

	326,652	Patients with chronic diseases receive treatment and consultations	Women	101,681	Elderly	40,413	West Bank	5,820	PMRS
			Children	70,820	PwD	34,919	Gaza	320,832	AEI, Igatha48, IMC, PMRS, UNRWA

Needs and gaps

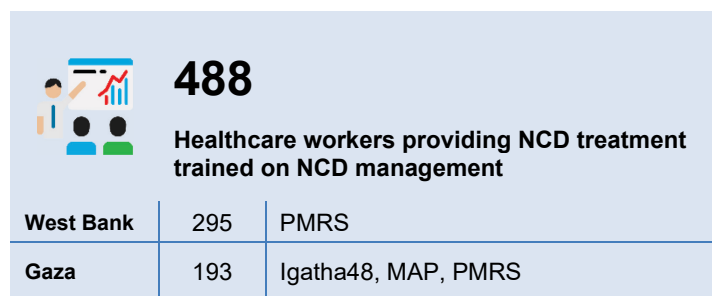
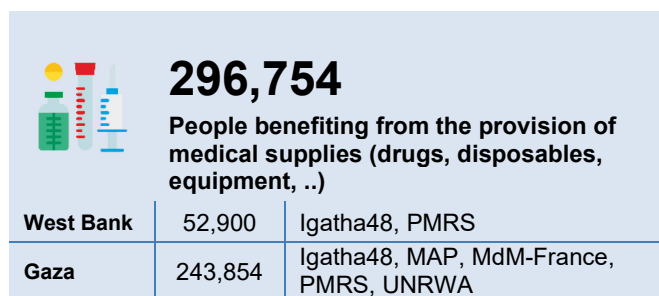
- The closure of 25 out of 51 MoH PHCCs and closure of UNRWA PHCCs at various times and in various areas depending on the daily update of security status during the period of 10 days (10 - 21 May 2021) meant that NCD patients could not access medication refills, hospital care for acute events and referrals for care abroad.
- Even before the escalation, the shortages of drugs have affected mainly the PHC services as 67% of drugs used for the management of NCD patients are at zero stock. Following the recent escalation, more than 50% of essential drugs in the PHC remain at zero stock (Gaza Central Drug Stores May 2021 report), thus hampering regular access of NCD patients to their prescribed medications.



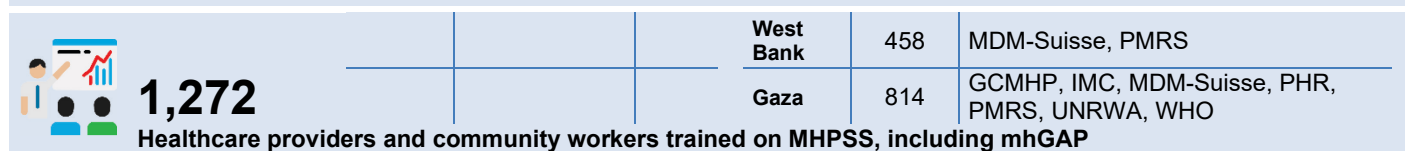
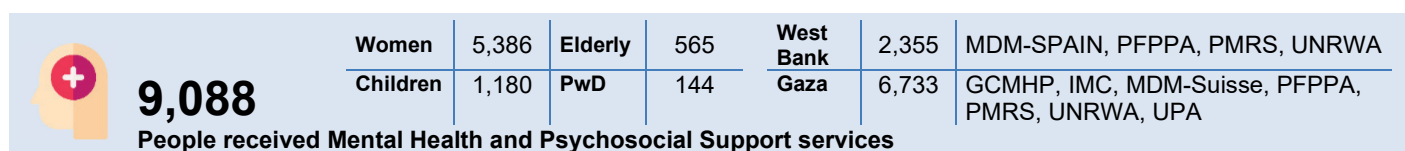
Provision of NCD drugs to the ministry of health main drug store, July 2021. Photo: MDM-Suisse

Priorities

- The challenges of a sustainable supply of NCD medications should be addressed.
- A high level, multi-sectoral approach is needed to address NCD risk factors through the development and implementation of relevant healthy public policies.
- Promotion efforts to enhance the NCD control programs, including prevention and early detection of NCDs, community health awareness on healthy behaviours, nutrition and lifestyles.

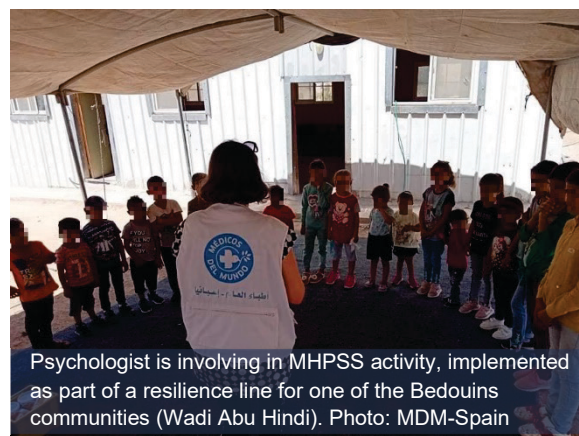


Mental Health and Psychosocial Support



Needs and gaps

- The May escalation increased the need for MHPSS support (especially children, adolescents, and frontline workers)
 - People with mental health conditions may experience an increase of stress and anxiety.
 - Children and adolescent manifest symptoms of stress and anxiety
 - Helping the helpers and health workers (especially in general hospitals and paramedics)
- Lack of investment in mental health programmes at the national and international levels.
- Strengthen the MHPSS multisectoral services for children and adolescents in MoH and Ministry of Education (MoE) and Ministry of Social Development (MoSD) and referral
- Continuity of essential health services including mental health services at primary health care and community mental health centres.



Priorities

- Set minimum standards for tele -MHPSS services during the pandemic
- Evaluate the interventions made by different partners responding to the action plan for MHPSS COVID-19 response in 2020.
 - Initiate the revision of the national Mental Health Strategy
- Integrate mental health into health facilities (general hospitals, Emergency departments and PHC)
- Recruit mental health professionals to work at the community mental health services since there is low number of mental health human resource
- Provide mental health services for adolescents with risky behaviours (substance abuse, self-harm, attempting suicide)

Mobile Clinics



59,448

People received treatment and consultations through mobile clinics

Women	31,645	Elderly	5,163	West Bank	44,372	MAP, PHR, PMRS, UNRWA
Children	9,838	PwD	933	Gaza	15,076	IMC, PFPPA, PHR, PMRS, UHWC

Needs and gaps

- Movement restrictions hindered service delivery to communities that depend on mobile clinic services.
- There are some vulnerable locations not covered by mobile clinics services, these locations are classified as marginalized and vulnerable communities in the HNO/HRP 2021.
- 5% of the total beneficiaries are persons with disabilities who are in need for special medications and assistive devices.

Priorities

- Provision of COVID19 Vaccine to targeted communities
- Improve quality of services and referral system especially for persons with disabilities and GBV survivors.
- Increase home visits for those with limited capacity to access health care services including pregnant women with high-risk pregnancy and persons with disabilities.

Health Access



13,330

Permit applications for patients

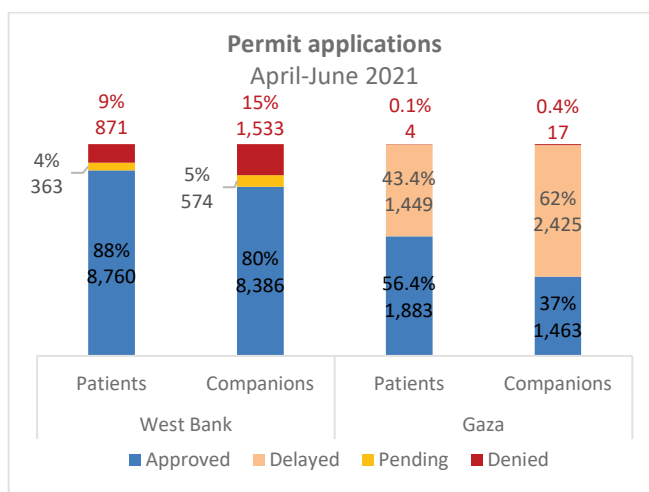
West Bank	9,994	(April and May 2021)
Gaza	3,336	(April, May, and June 2021)



14,398

Permit applications for companions

West Bank	10,493	(April and May 2021)
Gaza	3,905	(April, May, and June 2021)



Read more in WHO's monthly Health Access reports: <http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html>

Attacks on health care



185

Attacks on healthcare

West Bank	126
Gaza	59

HEALTH ATTACKS

1 APRIL – 30 JUNE



185

HEALTH ATTACKS*



81

HEALTH WORKERS INJURED



84

HEALTH VEHICLES AFFECTED



127

HEALTH FACILITIES AFFECTED

GAZA STRIP



59 incidents*



5 health workers injured



1 ambulance damaged



123 health facilities affected

12

Hospitals

67

Clinics

44

others

* WHO recorded 54 incidents of attacks affecting 58 health care facilities during the escalation in the Gaza Strip in May 2021. After the cessation of hostilities, an additional 65 health facilities were documented to have been damaged in at least 5 incidents.



WEST BANK INCLUDING EAST JERUSALEM



126 incidents

63

East Jerusalem

63

Rest of the West Bank



76 health workers injured



83 ambulances affected



4 incursions into health facilities



12 health workers detained

WHO's Surveillance System for Attacks on Health Care is a global standardized and systematic approach to monitor incidents of violence against health care or obstruction that interferes with the availability, access and delivery of health services.

For more information on WHO health attacks monitoring



Assessments

Emergency and Surgical Care Rapid Assessment Report (Post-Conflict Escalation), WHO, Gaza Strip

A rapid qualitative and quantitative assessment of the emergency departments and surgical services of seven central MOH hospitals across the Gaza strip. Many NGO healthcare facilities were also included in the assessment, such as Al-Awda and Ahli Arabi hospitals, MSF-France clinic, as well as some PRCS facilities. The assessment aimed to identify best practices that enhanced the health system response during the recent hostilities on Gaza, and identify key weaknesses to be addressed, to improve preparedness and response capacity for future incidents.

Needs Assessment for Indonesian Hospital, MedGlobal, Gaza Strip

Assessment to identify the needs and shortages in terms of medication and equipment from Administrative perspective

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