Gaza's health sector faces fuel and electricity crisis

01.05.2017 – The unstable power supply and lengthening power cuts of 12-20 hours per day in Gaza disrupt daily life for households but a sudden increase in power cuts is causing an impending crisis for Gaza's health sector, with fuel supplies in hospitals becoming depleted. Gaza's 14 public hospitals and 16 health facilities[1] face partial or complete closure of essential services, putting patient lives at risk. The 14 public hospitals are the main providers of secondary healthcare to Gaza's population of over 2 million. Whilst some funding has been secured, at best, this will **only keep the most critical emergency services running for a maximum of eight weeks, until the end of June.**

Gaza has energy demands estimated at 450MW but a maximum of only 240MW is met: 60MW from within Gaza and 150 MW purchased from Israel and Egypt, although power lines can be unstable due to frequent line faults. Gaza's single power plant produces 60MW, less than half its potential output, primarily due to inadequate fuel supplies. On April 16, the Gaza Power Plant (GPP) was forced to shut down due to political disagreements over continued subsidies, increasing blackouts and precipitating the current crisis.

During the daily outages, Gaza hospitals have relied on back-up diesel-powered generators to maintain critical operations, a costly and high-maintenance alternative. Fuel for hospital reserves had been provided most recently by emergency funding through the Islamic Development Bank and implemented by UNRWA in close coordination with WHO. In 2016, a one-time emergency donation was also received from Turkey.

According to a Ministry of Health statement issued 18 April, a number of coping mechanisms have already been adopted to conserve power, such as limiting sterilization and laundry services to periods served by direct electricity. But without fuel, 40 surgical operation theatres, 11 obstetric operation theatres, 5 haemodialysis centres and hospital emergency departments with almost 4,000 daily patients will be forced to stop critical services. The situation will be immediately life-threatening for 113 new-borns in neonatal intensive care units, 100 patients in intensive care and 658 patients requiring haemodialysis twice a week, including 23 children. Refrigeration for blood and vaccine storage will also be at risk.

Non-governmental health service providers, who usually have greater access to private procurement, have also been affected by the reduced power supplies and several have contacted WHO for assistance with fuel procurement.

[1] 14 NGO hospitals, 1 central blood bank, 1 referral abroad department.

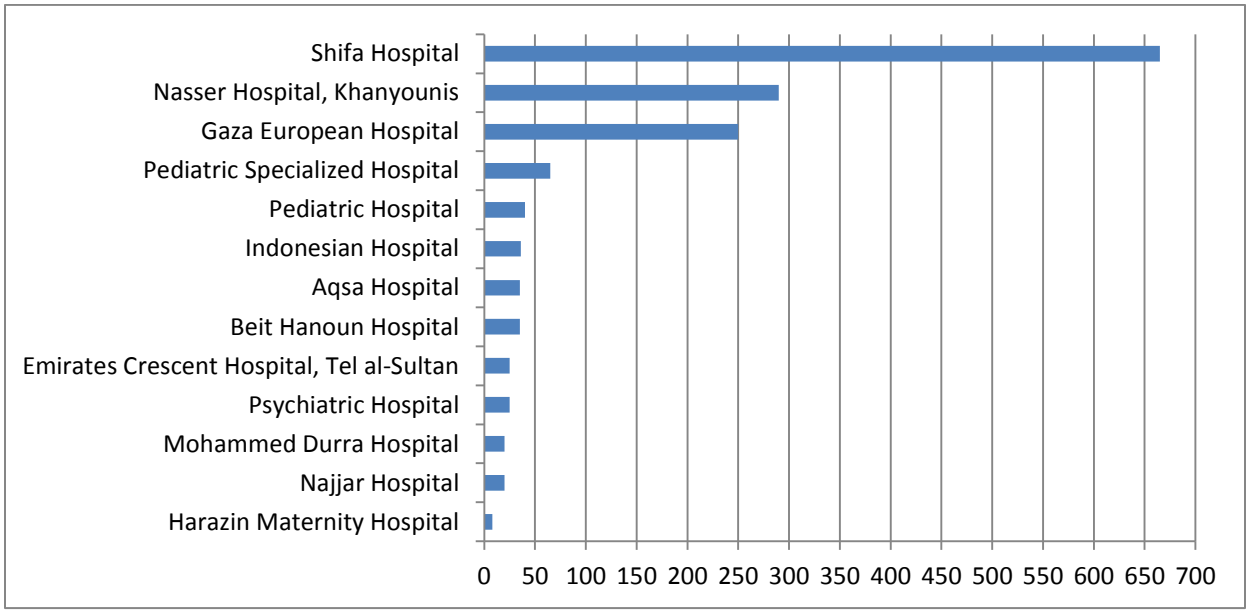
Electricity cuts are scheduled for each neighbourhood depending on the available power sources, and usually follow a 6-hour power and 12-hour cut pattern, but depend on existing power supplies. Major hospitals have two lines to different power sources, but still face outages of 6 to 9 hours per day. Overuse of hospital generators and challenges in procuring additional generators and spare parts, some of which Israel classifies as 'dual-use' items, are additional constraints.

Whilst the health system in Palestine is confronted with multiple challenges related to delivering health care under occupation and closure, the situation is exacerbated by the internal Palestinian political divide. On the 27th April, the **Palestinian Authority announced that it would terminate its responsibility to pay for electricity in Gaza and furthermore, that it intends to reduce the budget for healthcare in Gaza** - if this takes place, this will trigger dire humanitarian health consequences.

Needs

The amount of needed fuel reserves varies, depending on the size of the hospital, the capacity of each hospital's generator and reserve tanks and the number of hours generator power is needed per day. Total consumption per hour for all Ministry of Health hospitals is approximately 1,500 litres[2], with 75% of consumption by Shifa Hospital, Nasser Hospital and Gaza European Hospital. Current fuel reserves are adequate for an average of only 8 weeks for the most critical services.

Table 1. Gaza Ministry of Health hospitals' diesel fuel consumption per hour (litres)



[2] 1,423 litres from the 1st of May 2017.

WHO's Response

The World Health Organization has been working **with** health partners, the Office for the Coordination of Humanitarian Affairs, and the Humanitarian Coordinator to identify potential solutions, including raising funds. The Health Cluster has supported UNRWA to secure USD $500,000 for emergency fuel for Gaza's hospitals, through the oPt Humanitarian Fund, led by the Humanitarian Coordinator. This fuel will be used to sustain critical services for up to 8 weeks. **However, if Israel were to cut electricity supply to Gaza over the discontinued payments from the PA and if no sustainable solution is found, then this may only be enough fuel for two weeks.**

Response from the International Community

Whilst the hospitals continue to implement coping mechanisms for conserving power, small scale in kind donations have helped to prevent the complete closure of public hospitals, these have included; 70,000 liter donation from the private sector and $ 50,000 USD contribution from an Emirate humanitarian group.

These small scale contributions combined with the grant from the oPt Humanitarian Fund is estimated to sustain the critical services for two months, whilst non-critical health services will still face closure.

Request for Support

The 14 Gaza Ministry of Health hospitals require 430,000 litres per month and 20 NGO hospitals require 32,000 litres per month to maintain operations. For maintaining only the most critical services in the health sector, the total amount required is **450,000 litres. However, if the GPP continues to remain closed, the monthly need for sustaining only the critical services will increase to 650,000 litres.**

The cost of supplying fuel to ensure critical health services at current rates of consumption varies between USD 1[3] per litre if procured by the UN, to USD2 per litre at local prices.

[3] The price for fuel may fluctuate from USD $0.6 to $1

Table 2 outlines the cost estimates of supplying emergency fuel needs for Gaza health sector assuming that the GPP will be partially running again, and table 3 outlines the cost estimates of supplying emergency fuel needs for Gaza health sector assuming without the GPP functioning.

Table 2. Cost estimates of supplying emergency fuel needs for Gaza's health sector with the GPP partially functioning

	Litres (average)	**1 month cost**	**3 months cost**	**I2 months cost**
UN procurement (@$1)	450,000	$450,000	$1,350,000	$5,400,000
Local procurement(@$2)	450,000	$900,000	$2,700,000	$10,800,000

Table 3. Cost estimates of supplying emergency fuel needs for Gaza's health sector without the functioning GPP

	Litres (average)	**1 month cost**	**3 months cost**	**I2 months cost**
UN procurement (@$1)	650,000	$650,000	$1,950,000	$7,800,000
Local procurement(@$2)	650,000	$1,300,000	$3,900,000	$15,600,000

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