



Highlights

- The latest figures provided by the Ministry of Health (MoH) indicate that during the demonstrations between 23rd September and 6th October, 14 Palestinians including four children were **killed** and 1,434 were **injured** by the Israeli forces.
- Out of the total 1,434 injured, 737 patients required transfer to the MoH hospitals or NGO clinics, including 150 children and 32 females. Of the hospitalized injured, 12 cases were critically life threatening, 245 moderate, 453 mild, and the remaining 27 were unspecified cases¹ (see also figures 1 and 2 on the following page).
- The MoH and the Palestinian Red Crescent Society (PRCS) set up a total of ten Trauma Stabilization Points (TSPs) with the tenth one established at the beach north of Gaza. At least 697 injured patients were managed at the TSPs and discharged at the TSPs. WHO continues to strengthen the capacity of the TSPs across Gaza to provide life-saving interventions.
- Gaza's 14 public hospitals rely on **donated fuel** to run generators during the electricity black-outs, which continue to last up to 18-20 hours per day. The last batch of UN donated fuel has been distributed during August 2018. The local authorities have since procured 120,000 litres and a charity organization (Human Appeal International) has provided 10,500 litres to sustain services at public hospitals throughout the month of September. Nevertheless, hospitals are rationalizing the use of the remaining fuel reserves by suspending sterilization, laundry, cleaning, catering and selected diagnostic services during electricity cuts. On 17 September the Humanitarian Coordinator (HC), announced the release of US\$1.0 million from the humanitarian fund for fuel procurement. This support will ensure uninterrupted electricity supply for up to 250 critical health and water and sanitation facilities for a period of up to 6-7 weeks.
- In September 2018, the Central Drug Store of the MoH in Gaza reported 47% of essential drugs at less than one month's supply and 40% completely depleted. 30% of essential disposables were at less than one month's supply.



Photo: paramedic providing a patient with emergency care in the field, Credit: WHO

¹ Source: Ministry of Health

Figure 1: Type of emergency consultations treated at hospitals from the 23rd September to 6th October

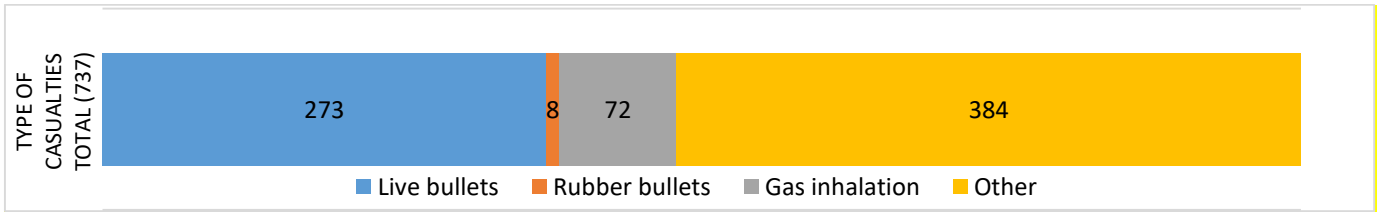
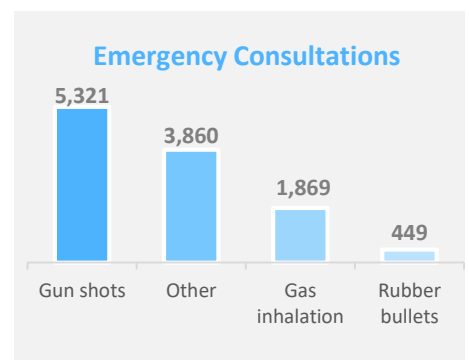


Figure 2: Emergency consultations, at hospitals, disaggregated by gender and age from the 23rd September to 6th October

| Total | By gender | | By age | |
|------------|------------|-----------|------------|------------|
| | Male | Female | Children | Adults |
| 737 | 705 | 32 | 150 | 587 |

Caseload of casualties related to the conflict

- Casualties:** from the 30th of March until the 6th October, 205 people have been killed². Out of the total killed, 190 people were killed by Israeli forces during the demonstrations and 15 people killed during Israeli attacks. The total figure of people injured during the conflict since 30th March stands at 22,267. From this total, 10,768 were treated at the TSPs and immediately discharged and the remaining 11,499 injured patients were transferred for the hospital treatment.
- Emergency Department (ED):** Out of the total 11,499 injured referred to emergency departments:
 - 46% were with live ammunition gunshot injuries (a total of 5,321 cases).
 - 1,995 were children (17%), 735 (6%) were female and 10,764 (94%) were male.
 - 458 (4%) cases were critical, 5,058 (44%) were moderate, 5,740 (50%) were mild and 243 cases were unspecified.
- Incidence of limb injuries:** From the 30th of March to date;
 - A total of 7,190 limb injuries arrived to the emergency departments in referral hospitals.
 - Some 1,200 injured people will be in need of limb reconstruction, and will require up to 7 surgeries and extensive rehabilitation and treatment for up to 2 years³.



² 198 have been reported by the MoH and an additional 7 have been held by the Israeli Authorities reported by OCHA.

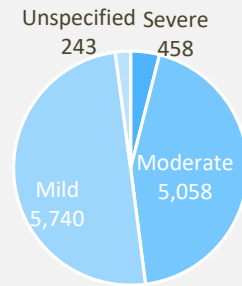
³ According to a recent assessment conducted by MAP-UK.

- **Amputations:** Since the 30th March until the 6th October, the total number of amputations was 81, including 15 children and 1 female. Out of this total, 73 were lower limb amputations and 8 upper limb amputations⁴.
- **Paralysis:** Since the 30th March until the 6th October, the total number of patients with paralysis due to spinal cord injury was 13.
- **Patients discharged early:** Patients are discharged early every week to make room for a new wave of expected casualties. Approximately 700 patients have been discharged early since the 30th March. Most of these patients are receiving trauma follow-up care through Health Cluster partners.
- **Elective surgeries postponed:** Since 30th March approximately 8,000 elective surgeries had to be postponed due to the massive influx of trauma casualties, lack of bed capacity and limitations through electricity shortages.

Depleting essential medicines supplies

- The Central Drug Store in Gaza supplies all 14 MoH hospitals (2,243 beds) and 49 MoH primary healthcare clinics (PHC) in Gaza. These health facilities provide 40% of Gaza’s primary healthcare, covering approximately 600,000 people and 90% of all hospital care services.
- According to Gaza’s Central Drug Store at the end of September 245 essential medicines out of the total 516 essential medicines list (47%) were at less than one month’s supply and 206 essential medicines (40%) were completely depleted at the MoH store in Gaza. In addition, 253 essential disposables out of the total 853 essential disposables list (30%) were at less than one month’s supply (See also figure 3 below).

Severity of injuries treated at hospitals



Injuries treated at hospitals by affected body part

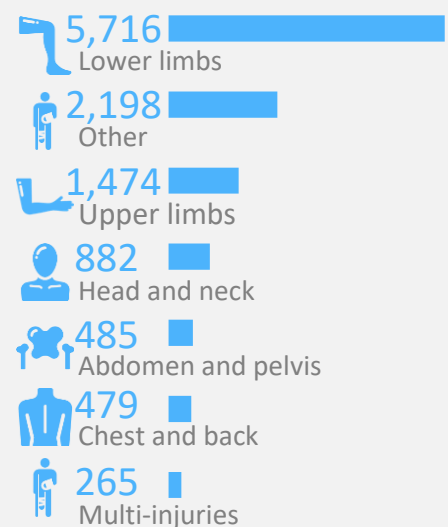
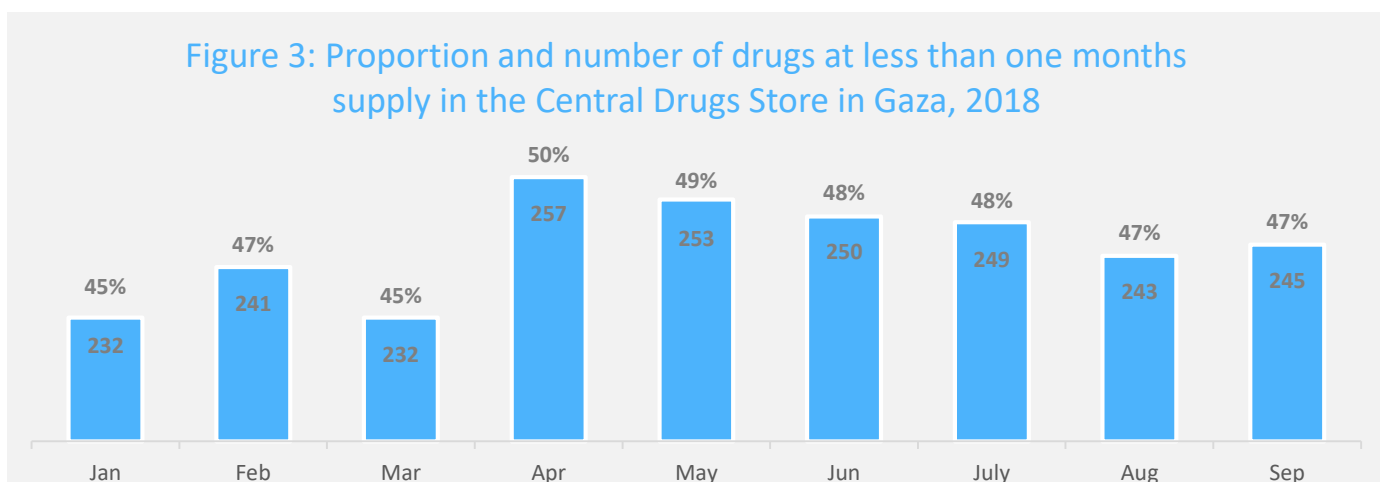


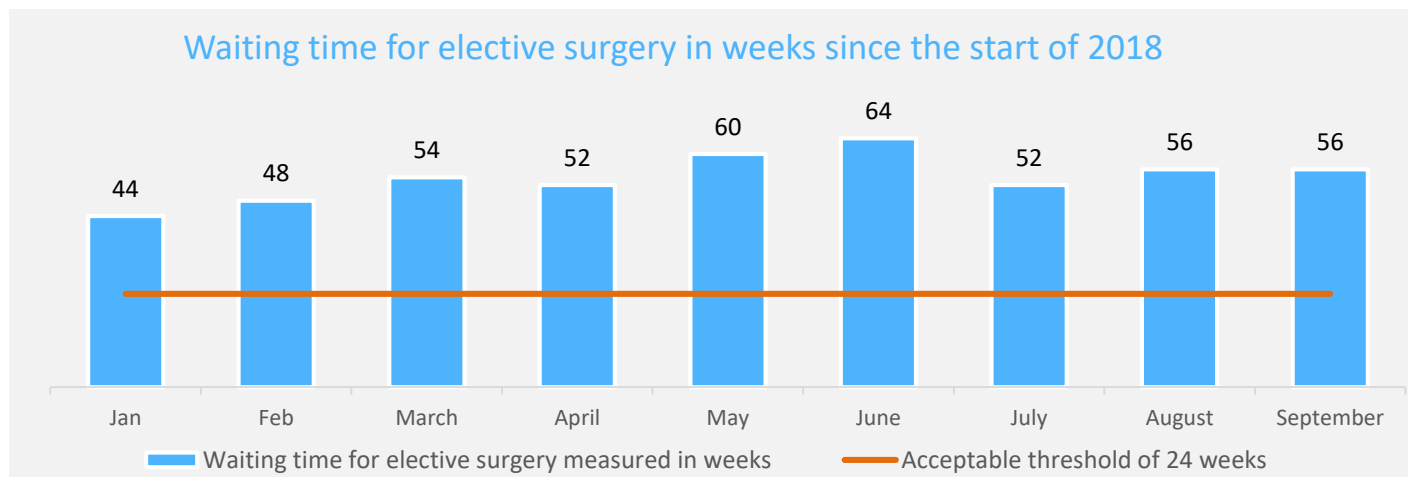
Figure 3: Proportion and number of drugs at less than one months supply in the Central Drugs Store in Gaza, 2018



⁴ According to Al Salama Society

Electricity crisis in Gaza

- The health sector in Gaza relies on donated fuel to run backup electricity generators in order to sustain minimum critical health services. Every month, approximately US\$500,000 is needed to purchase fuel for emergency generators in order to sustain provision of service at 58 critical health facilities. The last UN donation was distributed in August 2018 and fuel reserves are rapidly depleting.
- Meanwhile, the MoH has initiated drastic measures to rationalize the remaining fuel supplies. Key services in the 14 public hospitals, such as elective surgeries, sterilization and diagnostic services continue to work at reduced capacity. In August and September, the waiting time for elective surgery was 56 weeks, which is well beyond the Ministry of Health (MoH) threshold of 24 weeks⁵. Delays of necessary medical interventions may involve a prolonged period of suffering and ill health, and affects the psychological and social life of the patient. In some cases, this can trigger further medical complications.
- On 17 September the Humanitarian Coordinator (HC), announced the release of US\$1.0 million from the Humanitarian fund to procure fuel. This support would ensure provision of essential services 250 critical health and water and sanitation facilities for up to 6-7 weeks.



- The extended power cuts mean that generators become increasingly overused, translating into accelerated wear and tear and increased need for repairs or replacement. This has also increased the maintenance demands, which is difficult to provide, as spare parts are part of the “dual-use list”⁶ and restricted from entry to Gaza. According to the WHO HeRAMS assessment results, currently 6 generators supporting the public hospitals are in need of repair or replacement.
- Any disruption in the power supply will be immediately life threatening for over 4,800 patients per month relying on electrical devices, including neonates in incubators, and over 1.27 million people would be directly affected by potential closures of hospitals, in addition, this could translate into increased risks of waterborne diseases and outbreaks across the Gaza Strip.

⁵ WHO is monitoring the elective waiting time each month.

⁶ The Government of Israel restricts the entry of a large number of materials, particularly machinery and related equipment, on the grounds that these serve dual-purposes (i.e. civilian and military) and are misused by the Hamas and armed groups in Gaza. As such, every import of a good or material on the dual-use list must be individually approved by the relevant Israeli authorities.

Attacks against health

- According to MoH, PMRS, UHWC and PRCS, for the period of 23rd September to 6th October, 22 health workers were injured and 6 ambulances were damaged in 18 different incidents. Of the health workers, 1 was critically injured after being shot in his chest by live ammunition, 7 were hit by gas canisters, 4 by shrapnel and 10 suffered injury from gas inhalation, of whom 2 lost consciousness.
- **Cumulative figures on attacks against health:** From 30th March to 6th October, three health workers have been killed and 462 injured in 270 recorded incidents against health staff and facilities. 75 ambulances and 5 others health vehicles have been damaged, as well as 2 health facilities (a specialized health center for people with disability and the MoH central ambulance station were damaged as the result of an Israeli air strike on 14th July).

Health access through Erez

- As of 7th October, there were 283 patient applications (249 applications through the Palestinian Patient Liaison Office and 34 applications coordinated with Jordan) for persons injured in demonstrations to exit Gaza via Erez Crossing for health care. The status of these permit applications are as follows:
 - 66 applications were approved (acceptance rate of 23%, which is significantly lower than the overall rate of 59% for the first half of 2018)
 - 107 were denied (denial rate of 38%, which is significantly higher than the overall denial rate of 9% for the first half of 2018)
 - 110 patient applications were delayed, with no definitive response by the time of hospital appointment (39% of the total)
- For additional information on access barriers for Palestinian patients, see WHO's latest monthly [access report](#).

Emergency Response

Health Partners' Response:

- **The Union of Health Work Committees (UHWC)** teams provided first aid to 39 cases, including 15 gunshot injuries, at their medical points in Rafah and the Middle zone. In addition, Al-Awda hospital was able to provide emergency services for 121 cases at their emergency department, 11 of which underwent urgent surgical operations.
- **Health Matters/ International Medical Corps (IMC)** partners provided health services to a total of 510 injured cases, out of them 357 cases received wound care at the TSPs; 107 were transferred to hospitals and 46 received post-operative consultations.
- **Doctors Worldwide - Turkey (DWWT)** provided 267 cases with a total of 2,154 multi-disciplinary sessions, including nursing, medical examinations, physical therapy and psychosocial support.



Photo: patient is being provided with emergency care in Al-Awda hospital, Credit: UHWC

- **Palestine Children's Relief Fund (PCRF)** deployed a pediatric and adult spine and neurosurgery mission to Al-Shifa hospital, from 24 September to 1 October. The mission was able to screen 55 cases and operate on 25 patients. Another pediatric neurosurgery mission was deployed to European Gaza hospital (EGH), from 28 September to 6 October, and was able to screen 43 cases and operate on 15 patients. PCRF also deployed a palliative care training mission. The mission provided training to medical students of the Islamic University and worked at EGH and Rantissi hospitals.
- **Hayfa Charity Hospital** staff and ambulances provided first aid to 256 injured patients in the field and transported 67 cases to the medical points in Malaka area, east of Gaza. The hospital also conducted 6 peripheral neurosurgeries and provided 279 post-operative consultations, including provision of medication, consumables, laboratory and x-ray services and wound dressing.
- **PRCS** transported and provided first aid services to 914 casualties, including 169 with gunshot injuries and 8 killed. Al-Quds and Al-Amal hospitals received 60 and 7 injured cases, respectively, at their emergency departments. PRCS also activated the National Disaster Response Team (NDRT) and deployed 57 staff and volunteers to the field. The teams followed-up on 334 cases at the medical points. In addition to that, PRCS Psychosocial Support Team offered psychological first aid (PFA) to more than 832 wounded persons and their families in the Gaza Strip, as well as to 164 emergency providers during the reporting period.
- **Médecins Sans Frontières (MSF)** admitted 132 new trauma patients to their clinics, raising the total number of admitted cases, since the beginning of the demonstrations, to 2,172 patients. MSF medical teams also performed 66 operations on 48 patients. Since 30 March, MSF EMTs have performed 1,090 surgeries on a total of 706 patients.
- **Médecins du Monde-France (MDM- F)** has been providing support on wound management to five MoH PHC centers (Bani Suhaila, Abassan Kabira, Shuhaida Deir El-Balah, Old Bureij and Old Nuseirat). During the reporting period, 195 new patients benefited from these services, including 80 patients consulting for post-op care. MDM France is also working on strengthening the referral system through facilitating referrals to the appropriate services. The clinics have referred 7 patients from PHCs to hospitals and have received 97 patients from hospitals at the PHCs.
- **The Palestinian Medical Relief Society (PMRS)** paramedics provided first aid support to a total of 229 cases, including 97 gunshot injuries. Since the start of demonstrations, PMRS has provided first aid to a total of 4,129 patients. PMRS has also mobilized three outreach teams in Gaza, Khan Younis and the North governorate. The teams provided post-operative care to 16 new cases, raising the total of beneficiaries to 744, out of which, 243 are still receiving postoperative care and 247 have received assistive devices.
- **Caritas Jerusalem** deployed a multi-disciplinary team, consisting of a doctor, 2 nurses and a pharmacist, in Jabalia, Farahin and Khanyounes. The team provided wound management services to 46 cases and medication to 46 injured patients.
- **United Nations Relief and Works Agency (UNRWA)** provided 159 post-operative consultations offering medication and wound dressing. Since the 30th March, UNRWA has provided a total of 4,176 postoperative consultations at their 22 primary healthcare clinics.



- **Assalama Charitable Society** has provided more than 350 cases with about 1,256 multidisciplinary postoperative consultations, including wound dressings, assistive devices, physiotherapy, medicines, disposables and psychosocial support.

Coordination and Information:

- The Health Cluster meeting took place in Gaza on the 4th October. The meeting was intended to update the Health Cluster partners on the current health situation in Gaza and guide them on how to best prepare their project proposals for the HRP 2019.
- On 3 October 2018, WHO held a launch event in Gaza for the release of its [annual report](#), [photo story book](#) and [videographic](#) on the right to health. The report, Right to Health: Crossing barriers to access health in the occupied Palestinian territory 2017, examines obstacles to achieving the highest attainable standard of health for Palestinians living under occupation, with a focus on barriers to health access and attacks on health care.
- WHO in coordination with the Gaza Trauma Working Group of the Health Cluster supported the development of the Patient Allocation Tool, a web platform that will allow all partners doing post-operative and rehabilitation of trauma patients in Gaza to register online the different services that they are providing to the individual patients.
- WHO continues to monitor the access of patients from Gaza and attacks against healthcare across the oPt. For additional information on access barriers for Palestinian patients, see WHO's latest monthly [access report](#).



Photo: Preparation for HRP 2019 Project Proposals Workshop, Credit: WHO



Photo: Annual report, photo story book and videographic on the right to health launch event, Credit: WHO

| INFORMATION TOOLS AVAILABLE ON THE HEALTH CLUSTER WEBSITE HTTP://HEALTHCLUSTEROPT.ORG | |
|---|---|
| Health Cluster & WHO Situation Reports | http://healthclusteropt.org/pages/3/situation-reports |
| Health Cluster HerAMS dashboard <i>The tool reflects the health services availability and functionality each month.</i> | MoH Hospitals: http://healthclusteropt.org/pages/9/herams-hospitals MoH PHCs: http://healthclusteropt.org/pages/10/herams-phcs UNRWA PHCs: http://healthclusteropt.org/pages/15/unrwa-phcs-dashboard |
| Gaza Trauma Working Group | http://healthclusteropt.org/pages/16/trauma-working-group |
| Infographics | http://healthclusteropt.org/pages/4/infographics |
| Health Sector Medical Supply Needs | http://healthclusteropt.org/pages/11/health-sector-needs |
| EMTs calendar | http://healthclusteropt.org/pages/12/emt-calender |
| Procurement activities conducted by partners | http://healthclusteropt.org/pages/13/procurement-activities |

Funding needs

- From the 30th March until 31st December 2018, WHO and the Health Cluster partners require a total of **\$ 43.8 million USD**. To date, a total of **\$21.5 million USD** has been received, leaving a gap of **\$22.3 million USD** in order to cover the needs until the end of the year.
- The funding is necessary to support the following activities:
 - Fuel to run hospitals on back-up generators during the mains power cuts for a period of 8 weeks
 - Deployment, coordination and support to quality-assured emergency medical teams (EMTs) across the trauma path;
 - Expanding multi-disciplinary outreach teams, with a focus on physiotherapy and mental health and psychosocial support;
 - Providing essential medical supplies for the treatment of trauma patients, emergency patients and non-communicable disease patients, including new-born's and other vulnerable groups;
 - Strengthening the reporting and monitoring of attacks on healthcare;
 - Strengthening emergency preparedness

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