



Caption: Health cluster partners in the middle of discussion during the Humanitarian Needs Overview (HNO) workshop in Gaza.

Photo: WHO

## HEALTH CLUSTER BULLETIN

September 2020

# occupied Palestinian territory (oPt)

Emergency type: Complex

Reporting period: 1-July-2020 to 30-September-2020

### HIGHLIGHTS

- The COVID-19 outbreak continues to cause disruptions in the delivery of other essential healthcare services across oPt with about 80% full functionality among healthcare facilities.
- Resource mobilization for COVID-19 is affecting funding for HRP activities which are only 30% funded.
- There has been increased demand for telemedicine and online trainings for healthcare workers.
- The COVID-19 response is plagued by shortages of critical requirements for testing and case management.
- Due to border closures and other restrictions, partners are experiencing delays in delivery of international orders.
- Barriers to accessing healthcare services continue to negatively impact patients especially those in the Gaza Strip.
- The COVID-19 outbreak is adding to the mental strain of many Palestinians as the disease and public health measures take their toll.
- In August 2020, partners participated in the 2021 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) workshops as part of the Humanitarian Program Cycle

### HEALTH SECTOR



**2.5 M** need assistance

**1.4 M** targeted

**100** partners

### HEALTH FACILITIES (GAZA)



**27 (84%)** fully functioning hospitals

**5 (16%)** partially functioning hospitals

**121 (81%)** fully functioning primary health care clinics

**10 (7%)** partially functioning primary health care clinics

**18 (12%)** 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 28 October 2020*



**63,614** confirmed cases

**6,754** active cases

**537** deaths

### AVAILABILITY OF MEDICAL SUPPLIES (GAZA)

*September 2020*



**47%** of essential medicines, less than one-month supply

**30%** of essential disposables, less than one-month supply

### HEALTH CLUSTER FUNDING STATUS



	Funded	Requested US\$
HRP 2020	29.6 %	37.5M
COVID-19	82.7 %	31.3 M

# Public Health Risks, Priorities, Needs and Gaps

## Communicable diseases

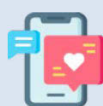
### Needs and gaps

- Acute shortages of COVID-19 testing supplies and equipment: 500,000 tests needed in oPt until end of December 2020.
- Critical shortages of essential drugs and disposables present challenges to case management of COVID-19 cases. As of end-September 2020, the central drug store in the Gaza Strip reported 47% of drugs from the essential drugs list is at one-month stock.
- Shortage of Intensive Care Unit personnel and lack of case management capacity amongst the few available staff increased need for training.
- Shortage of Personal Protective Equipment (PPE) is leaving frontline health workers exposed to infection. By end of September 2020 close to 900 healthcare workers were infected with COVID-19. The Health Cluster estimates 450,000 full PPE kits, 3 million surgical masks and 6 million gloves will be needed for the next three months.
- Challenges in adherence to the strict public health measures may result in uncontrolled spread of COVID-19.
- Redirection of resources to the COVID-19 response has resulted in disruption of other essential services such as access to Primary health care (PHC) services, noncommunicable disease (NCD) care and elective surgeries, impacting vulnerable groups.
- Patients in Gaza continue to face barriers to accessing essential healthcare due to restrictions on movements between parts of oPt and suspended coordination between the Palestinian Authority and Israel

### Priorities

- Scale up procurement of COVID-19 laboratory testing supplies and equipment.
- Increase capacity for healthcare facilities and workers to manage cases through procurement of medical equipment, essential drugs and disposables, PPE kits and training, including provision of Mental Health and Psychosocial Support.
- Support patients under isolation or quarantine at home or designated centres.
- Continue with risk communication and community engagement.
- Support provision of other essential services such as PHC, NCD, Sexual and Reproductive Health, Maternal and Child Health.

## Risk communication and community engagement



**669,740**

People benefited from Risk Communication and Community Engagement activities

West Bank	Gaza	Women	Children	Elderly
18,400	651,340	307,765	2,769	422

GCMHP, RC4GS, UHWC, UNFPA, UNRWA



**4,875**

People received hygiene and prevention kits with adequate messaging

West Bank	Gaza	Women	Children	Elderly	PwD
4,000	875	310	295	35	85

GCMHP, GDD, MDM-F, PMRS, RCS4GS, Taawon, UHWC

### Needs and gaps

- Risk Communication and Community Engagement (RCCE) needs to continue to address a lack of adherence to protective measures and misinformation as restrictions ease for COVID-19 outbreak across oPt
- New methods of communicating and engaging with the community needed to advance knowledge, change attitudes and behaviours in the community
- More specific RCCE messaging to more targeted communities also needed to ensure the most vulnerable are reached
- Most RCCE is focused on COVID-19 outbreak, diverting resources and information outreach from other essential service needs

## Priorities

- Utilising data from COVID-19 Knowledge Attitudes and Behaviours survey to inform and shape future RCCE activities and messaging and funding requirements for RCCE to end 2021
- Begin preparation for RCCE for COVID-19 vaccine rollout in 2021

## Sexual and Reproductive health

including mother and child health and nutrition



**10,527**

Women and girls accessed Sexual and gender-based violence (SGBV) life-saving services (including clinical management of rape (CMR))

Gaza	Women	Girls	Elderly
10,527	10,527	10,344	7

RCS4GS, UHWC, UNRWA



**408**

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

Gaza	Women	Girls	PwD
408	310	322	1

MAP, RCS4GS, UNRWA

## Needs and gaps

- Attained access to Primary Health Care (PHC) services for Sexual and Reproductive Health (SRH), including family planning and Gender-Based Violence (GBV) detection and referral.
- Access to sufficient Personal Protective Equipment for SRH service providers, such as in maternity wards.
- Integrated and holistic access to SRH services for people living with disabilities, particularly women and girls.
- Continued strengthening of protection issues, such as GBV detection and referral, through all levels of the health system.



Caption: Happy healthy mother and her baby newborn received Essential Newborn Care in Al Shifa Medical Complex in Gaza by a midwife coached and supervised by WHO. Photo: WHO

## Priorities

- Increased access to family planning services, particularly IUD insertion, which has stopped at Ministry of Health (MoH) since the beginning of COVID-19 pandemic.
- Provision of PHC services through mobile health clinics in the West Bank and mobile health teams in the Gaza Strip.



**148,669**

Children under 5-years-old received quality health and nutritional services

West Bank	Gaza	Boys	Girls	PwD
52,890	95,779	29,836	28,259	179

MAP, PMRS, RCS4GS, UNICEF, UNRWA



**117,158**

Pregnant and lactating women received quality Sexual and Reproductive Health and nutritional services

West Bank	Gaza	Women	PwD
20,413	101,558	117,158	63

MAP, PMRS, RCS4GS, UHWC, UNICEF, UNRWA, WHO

## Trauma and Emergency Care



**422**

Patients treated for limb reconstruction

Gaza	Women
422	16

MAP, WHO



**3,765**

Patients benefitted from provision of elective surgery

Gaza Strip	Women	Children	Elderly	PwD
3,765	31	301	1	4

UHWC, UNRWA

### Needs and gaps

- There has been more than a 120% increase in ambulance transfers resulting in personnel increasing working hours while decreasing rest and recovery hours. Furthermore, fuel consumption is increased disproportionately.
- The number of acute surgeries at Ministry of Health (MoH) Gaza hospitals grew by 5% between second and third quarter to 4,208



Caption: Dr. Hammad Shaat, a local orthopedic surgeon, operating on a Limb Reconstruction patient. Photo: MAP

### Priorities

- Ensure that trauma-related cases are not neglected and in parallel further enhance during COVID, injury is the largest burden of disease for Gaza MoH Emergency Departments (EDs): From June until end of September, there were 303,882 consultations in the EDs of Gaza's six major hospitals, of which 87.8% were trauma related.
- Agree on the concept and standards of tele-rehabilitation as a modality of intervention during emergency situations to prevent disruption of rehabilitation services.

trauma health care in Gaza and West Bank. Even

## Non-communicable diseases



**194,206**

Patients with chronic diseases receive treatment and consultations

West Bank	Gaza	Women	Children	Elderly	PwD
41,780	152,426	30,153	313	854	86

Igatha48, MAP, PMRS, RCS4GS, UNRWA

### Needs and gaps

- Disruption of essential services due to COVID-19 has reduced access for Noncommunicable disease (NCD) patients
- Increased demand for telemedicine service as a result of the COVID-19 outbreak.
- Shortages of NCD medications and healthcare workers.
- No standardisation of treatment protocols between multiple service providers.
- Due to limited NCD case management capacity in Gaza, complicated patients especially cancer patients are referred to the West Bank, East Jerusalem and further abroad, resulting in high levels of expenditure and with movement restrictions, referral is further complicated.

### Priorities

- Need to ensure disruption of NCD management due to COVID-19 response is minimized.
- Provision of NCD medications



## Disability and rehabilitation



**728**

Patients provided with multidisciplinary rehabilitation services

West Bank	Gaza	Women	Children	Elderly	PwD
6	722	16	150	15	146

GCMHP, HI, MAP, PMRS, WHO

### Needs and gaps

- The outbreak of COVID-19 has impacted on disability and rehabilitation sector in the following ways:
  - Delays in the shipment of assistive devices and materials for orthotic and prosthetic production from global markets due to border closures
  - Insufficient Mental Health and Psychosocial Support (MHPSS) services provided in the community for people with disabilities to alleviate their stress and anxiety related to COVID-19
  - Limited access of people with disabilities/injuries to rehabilitation services due to the imposed curfew, suspension of rehabilitation services, closure of Primary health care facilities after some facilities designate to COVID-19.
  - Shortage of Personal Protective Equipment and cleaning materials at the level of rehabilitation centres and clinics to support rehabilitation service providers to sustain the service provision and protect their staff.
- Critical shortage of disposables, medical supplies and assistive devices for people with disabilities including trauma patients.
- Lack of fund for rehabilitation projects targeting people with disabilities in need for long term rehabilitation and or aiming for community inclusion.

### Priorities

- Facilitate provision of MHPSS services for people with disabilities
- Improve coordination mechanisms among the authorities and the rehabilitation actors to ensure their access to the most vulnerable communities.
- Support the rehabilitation of actors with PPE items, in addition to sterilization and cleaning materials for rehabilitation centres and clinics to continue the service provision.
- Procurement of disposables, medical supplies and assistive devices to respond to the needs of people with disabilities patients.
- Develop contingency and response plans for rehabilitation intervention during COVID-19 pandemic scenarios.

## Mental Health and Psychosocial Support



**35,714**

People received Mental Health and Psychosocial Support services

West Bank	Gaza	Women	Children	Elderly	PwD
18,851	16,863	19,516	673	68	169

GCMHP, MAP, RCS4GS, UHWC, UNRWA

### Needs and gaps

- Findings of a 2017 study indicates that Palestine has the largest burden of mental disorders among Eastern Mediterranean Region and this is attributed to general and chronic exposure to trauma and violence related to the military occupation.
- The population is now suffering added stress from the impact of COVID-19 and accompanying public health measures that have been put in place to curb spread of the disease:
- Healthcare workers providing care in difficult circumstances, going to work fearful of bringing COVID-19 home with them;
- Students adapting to taking classes from home, with little contact with teachers and friends, and anxious about their future;
- Breadwinners whose livelihoods are threatened;

- Vast number of people caught in poverty or in fragile humanitarian settings with extremely limited protection from COVID-19;
- People with mental health conditions, many experiencing even greater social isolation than before while some victims of GBV find themselves trapped with their abusers.
- People managing the grief of losing a loved one, sometimes without being able to say goodbye.
- Lack of investment in mental health programmes at the national and international levels.
- There is no continuity of mental healthcare for children through various levels of the education system (primary, secondary and tertiary).

## Priorities

- Integrate mental health into primary health care
- 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 adolescence with risky behaviours (substance abuse, self-harm, attempting suicide)
- Work with MoH to revise the national mental health policy and set new priorities
- Strengthen school mental health programmes
- Continue the development of community mental health services and to provide specialized psychosocial Rehabilitation.
- Provide specialized mental health care for survivors of violence.

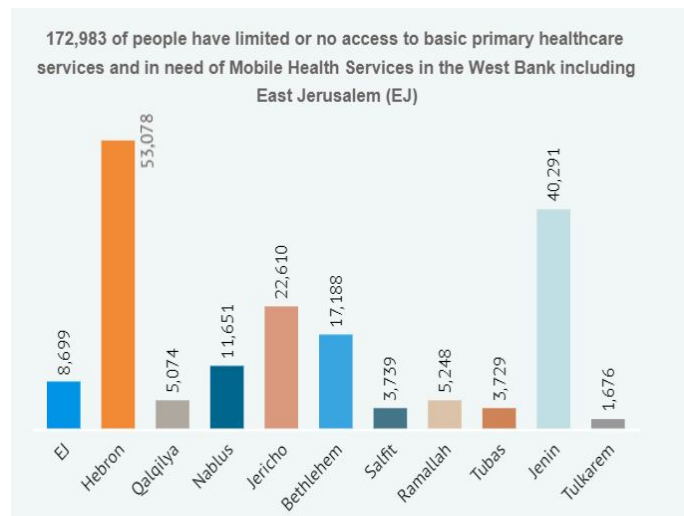
## Mobile Clinics

### Needs and gaps

- Disruption of mobile clinic service provision due to COVID-19 outbreak
- Need for adolescent and youth-friendly healthcare services and outreach, particularly Mental Health and Psychosocial Support (MHPSS)
- Services not always accessible persons with disabilities.

### Priorities

- Need to ensure disruption of mobile clinic service due to COVID-19 response is minimized.
- More focus needed on strengthening privacy and confidentiality for patients.
- Integration of protection issues, such as Gender-based Violence detection and referral, child protection, and MHPSS, especially for women and girls.
- Provision of adolescent and youth-friendly services.



## Health Access

Severe barriers to health access have persisted during July to September 2020, with restrictions to movement for Palestinian patients, companions, ambulances and health workers exacerbated by COVID-19 movement regulations and fragmentation of permit application processes since the end to coordination between the Palestinian Authority and Israel in May 2020.

While West Bank referrals have recovered to levels prior to COVID-19, referrals for patients from the Gaza Strip remain less than half of the number they were prior to April 2020. Recorded permit approvals for Gaza patients remain at approximately 10% of the monthly approvals prior to the COVID-19 outbreak in the occupied Palestinian territory.

Following extensive advocacy and negotiations with stakeholders, WHO on Sunday 6 September initiated a temporary coordination mechanism to support Palestinian patients and companions required by Israel to apply for permits to access essential health services outside the Gaza Strip.

Through the temporary coordination mechanism, WHO submitted 139 patient permit applications and 153 companion applications during September.

WHO confirmed 15 attacks against healthcare in the occupied Palestinian territory from July to September: nine in the West Bank, including East Jerusalem, and six in the Gaza Strip. In the West Bank, there were five incidents of physical attacks against ambulances, health staff and a health facility; two incidents of prevention of access for ambulances; and two incursions into health facilities. In the Gaza Strip, there were four incidents of physical violence against health staff and facilities; and two arrests, of a patient en-route to receiving care and of a patient companion.

## Provision of essential drugs and supplies *July – September 2020*

### COVID-19 RESPONSE

#### Infection prevention and control



**3M**

Personal Protective Equipment items, including face masks, face shields, gloves, goggles, coveralls, gowns, head covers, and shoe covers delivered to Ministry of Health (MoH), UNRWA, Non-Government Organizations (NGOs), governmental institutes, and communities



**23,000**

Litres of hand sanitizer, disinfectant, and cleaning liquid delivered to MoH, NGOs, governmental institutes, and communities

CRS, Islamic Relief, JICA, MAP, MDM-France, QRC, Taawon, UNPD, WHO, and World Vision

#### Laboratory testing



**684** PCR testing kits to test **65,664** people for COVID-19, in addition to **1 PCR machine** were delivered to the MoH

MAP and WHO

#### Case management

**39** equipment items delivered to MoH to be used in the emergency departments, intensive care units and Respiratory Triage Centers (RTC)



MAP, MDM-France, PHR, Taawon, UNICEF, WHO, World Vision

#### Sexual and reproductive health

**160,696** women and children in oPt will benefit from drugs, consumables, lab supplies provided to the MoH, Palestinian Medical Relief Society, Al Makased hospital and Palestinian Red Crescent Society

UNFPA, MAP, UNICEF, WHO

#### Trauma and emergency Care

**109,501** patients and health workers in the Gaza Strip will benefit from drugs, disposables, equipment, Personal Protective Equipment (PPEs) provided to the MoH

MAP, MDM-France, MDM-Spain

#### Noncommunicable diseases and mental health

**8,328** people in Gaza will benefit from drugs and equipment provided to the MoH

MAP, UNRWA

## Training of health staff

**645** health workers, including medical staff, psychologists, school counselors, social workers, case managers and field workers from Ministry of Health (MoH), Ministry of Education, UNRWA, and Non-Governmental Organizations (NGOs) **received training on** different Mental Health and Psychosocial Support **topics, including case management, WHO Mental Health Gap Action Programme (MhGAP), and remote service delivery**

GCMHP, MAP, MDM-F, MDM-Swiss, UHWC, UNRWA

<b>West Bank</b>	400
<b>Gaza Strip</b>	240
<b>Women</b>	135

**106** health workers from the MoH, UNRWA and NGOs in West Bank and Gaza Strip received **training on infection prevention and control** provided by MDM-Spain, UHWC, UNFPA, UNRWA, WHO

**10** health workers from UNRWA in the West Bank received training on **family medicine** provided by their organization

**530** youth from the community received training on **COVID-19 preventive measures, tracking and reporting rumors, and advocacy** provided by UNICEF

**128** health workers, including 11 females, from the MoH and Palestinian Red Crescent Society in Gaza Strip received clinical guidance on **limb reconstruction and professional first aid** training provided by WHO

**14** health workers from the MoH in Gaza received training on **Return to Clinic policies** provided by MDM-France

**36** Midwives, doctors, obstetricians, and pediatricians, including 25 females, from the MoH and NGO hospitals in Gaza received clinical coaching on **Early Essential Newborn Care (EENC)** provided by WHO

**14** health workers, including 7 females, from UHWC received training on **humanitarian standards** provided by their organization

**150** doctors and nurses, including 100 females, from the MoH, private and NGO hospitals in West Bank received training on **Neonate protocol** provided by UNICEF

**36** health workers and social workers from UHWC and UNRWA received training on different **Gender-Based Violence topics, including identification, referral, service delivery and rights** provided by their organizations  
UHWC and UNRWA

West Bank	Gaza Strip	Women
50	13	9

## Assessments

### In-depth sectorial assessment (DSA), Humanity & Inclusion, Gaza Strip

Humanity and Inclusion conducted an in-depth sectorial assessment aimed at identifying the main needs, gaps and opportunities in the continuum of rehabilitation care (including Mental Health Psychosocial Support). The assessment indicated several gaps in service provision such as unclear centralized database, shortages of supplies and transportation, neglect of people with non-GMR related disabilities.

### Disability Assessment, Medical Aid for Palestinians, Gaza Strip

A disability assessment was conducted in Gaza targeting people with intellectual/ learning difficulties or autism. The purpose of this assessment was to identify the gaps and challenges faced by this vulnerable group in accessing services.

### Early Essential Newborn Care (EENC): Annual Implementation Review (AIR), World Health Organization, Gaza Strip

The Annual Implementation Review for Early and Essential Newborn Care (EENC AIR) was conducted from 8 June - 31 July 2020, led by MoH with technical support from WHO. A detailed report with results and recommendations and hospital action plans will be shared once approved by local health authorities.

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