



HIGHLIGHTS

- WHO team in Gaza leading in the information-gathering of health needs and gaps, monitoring and coordination
 - Killed and injured (MbH, as of 19:00 July 23)
 - 681 Palestinians killed, including 166 children, 67 females (aged 18-60) and 37 elderly
- 4519 Palestinians injured, including 1375 children, 788 females (aged 18-60) and 182 elderly
- Al Aqsa Hospital damaged. This is the main casualty hospital in the central area of Gaza
- Beit Hanoun Hospital closes one of its two buildings after further damage
- Al Wafa Medical Rehabilitation Hospital damaged after it was evacuated
- Balsam Hospital was damaged and evacuated
- In line with International Humanitarian Law, WHO calls on all parties to respect and protect health facilities, personnel and patients
- <http://www.emro.who.int/media/news/gaza-who-calls-on-all-parties-to-respect-and-protect-health-facilities-personnel-and-patients.html>

Situation update

Health facilities continue to be affected by the conflict and as result residents and health personnel face difficulties in accessing hospitals and clinics.

Hospitals: Preliminary reports indicated that al Wafa medical rehabilitation hospital, which had been damaged on several occasions in the past two weeks and evacuated on July 17, was completely destroyed on July 23. This hospital was newly constructed and equipped with US\$ 3 million in rehabilitation equipment.

On July 21, al Aqsa Hospital (100 beds) in Deir Al Balah, the only hospital in the Middle Area, was seriously damaged, affecting external and internal walls of the upper two stories, including the surgical, medical, Intensive Care Unit (ICU), and orthopedic sections and equipment. The hospital director confirmed that one patient and three companions died and 16 others were injured including staff.

The WHO team was sent to verify the extent of the damage. Assessments illustrated damage to patients' rooms and in the hospital stairwell. This rendered the patient wards not functional. The hospital continues to function partially.

Beit Hanoun Hospital, which had earlier been damaged in the roof of the administration building, was damaged a second time on July 22 impacting the pediatric emergency room and injuring a child. The hospital also lost water supply to the building and so hospital administration evacuated the building, and moved staff to work in the second hospital building. The access road to the hospital is not safe and has disrupted its normal operations and restricted patient access.

Al Wafa Medical Rehabilitation Hospital was evacuated, and seriously damaged on July 23. Balsam Hospital in the north of the Gaza Strip was also evacuated after damage on July 23.

Of 54 primary health clinics operated by the Ministry of Health, 27 were closed due to being situated in areas of insecurity (July 23). 7 of 21 UNRWA health clinics were closed in the Rafah, middle area, Gaza and in the north, and 5 UNRWA clinics in the Khan Younis and Gaza areas reported disrupted services (July 22).

Ambulance services: Emergency medical workers have been working continuously in very dangerous conditions in Gaza trying hard to evacuate the dead and wounded. Since July 7, 26 Palestinian Red Crescent Society Emergency Medical Services (EMS) workers have been injured; 6 of them were hospitalized for two days or more. Ten ambulances have been damaged to date, 5 of them totally. In addition the EMS center in Jabalia was damaged on two occasions. Since July 21, FRCS ambulances had serious difficulty in accessing casualties in the northern and eastern areas of the Gaza Strip, one ambulance was damaged in Khan Younis.

Access case: Al Najjar hospital, a small hospital in Rafah, which receives most of the casualties from Rafah city, treats moderate injuries and referring serious cases to the European Gaza Hospital (EGH) to the north. On July 22, 13 casualty cases arrived to the hospital and were treated in the ER and released; 7 casualties remain in the hospital for surgery and further treatment.

Ambulances using the road to transfer patients have been exposed insecurity over the past several days, and now take detours over difficult roads to avoid this problem. Travel to hospital is also risky for the hospital staff, and often now they are understaffed, working shifts of 24-hour days, and lacking needed medical and surgical specialties.

Concerning shortages, the hospital matron said, "We suffer from chronic shortages and with the war the situation is getting worse... basic items such as gloves, cannulas, needles, elastic bandages, endotracheal tubes, tongue depressors, plasters, alcohol, thermometers, scissors, bed sheets, and even coffins."

Private health service providers in Gaza have offered free care of all patients who require services during the emergency.

Referrals of patients to facilities outside Gaza

UNRWA reported 13 cases of suspected meningitis at shelters. Samples were sent to hospitals for confirmation, and the diagnosis of viral meningitis was confirmed. It is believed that the infection was acquired in the community before getting to the shelters. Additional cases are being reported.

The Palestinian coordination office coordinated the crossing through Erez of two patients on 21 July, one patient on 22 July, and 6 patients and 6 companions crossed on 23 July.

The Jordanian field hospital coordinated the crossing of 6 casualties to Jordan through Erez on July 22. On 23 July, 10 patients and 10 companions crossed Erez. Two patients were transferred by ambulance.

Ambulances reported delays of several hours at Erez crossing this week of casualty and non-casualty referral patients who were bound for Palestinian hospitals in the West Bank and Jerusalem.

Public health concerns

UNRWA has taken the necessary steps to manage cases. The cases were treated, health educators were deployed to shelters and infection control measures were taken. No further cases have been reported.

Access to drinking water has been reduced by a number of factors, including damage to the main electricity lines of the Gaza power plant. There is concern about the threat of

increased waterborne diseases if the water supply continues to be interrupted, especially among displaced families. According to the Palestinian Water Authority, 95% of the water sources in Gaza are not suitable for human consumption. Currently the population manages by buying desalinated water for drinking and cooking which is produced by small private desalination plants. Due to the security conditions on the ground and the lack of electricity, production is limited; two desalination plants have been damaged.

Waste water treatment is also unreliable and the majority of raw sewage is dumped into the sea. Some amounts of sewage have leaked out into the streets in small areas but the problem has so far been contained.

Health needs, priorities and gaps

The delivery of medical supplies and consumables needs to be accelerated to meet rising demand in hospitals which are receiving casualties.

Access for specialized health professionals to reach Gaza should be facilitated by relevant parties.

As the conflict continues and is intensified, there may be efforts to scale up humanitarian appeals, including a possible flash appeal from the Health Sector group.

WHO action

Eleven WHO staff are working on the Gaza emergency, in monitoring, coordination, information, assessments, and other needed activities... The head of the WHO Gaza suboffice, Dr. Mahmoud Daher, is leading WHO efforts in the field and is the main health contact for UN partners and with the Palestinian Ministry of Health, coordinates with Israeli authorities regarding movement of staff and medical goods, and is the main media contact. Gaza staff who are able to travel to the office are monitoring needs in hospitals, and drug and supplies stocks on a daily basis and coordinating with health partners and donors. The WHO team in Gaza has been monitoring health facilities on site and meeting with health administrators to assess urgent needs.

WHO is coordinating with MoH and health sector partners on most urgent needs for donations, informing donors and facilitating procurement and delivery to Gaza. In Ramallah, West Bank, two WHO staff have been tasked

in the emergency operations room with coordinating information with the Ministry of Health, reviewing drug and equipment lists for donations and assisting the MoH in producing a daily situation report of casualties and donations. WHO in Jerusalem and Gaza collects information on damage to health facilities, access for referral patients, and developments in the health situation for daily health updates to the UN Office for the Coordination of Humanitarian Activities, and produces the WHO situation report on Gaza and other reports.

WHO and the MoH conducted a Health Sector meeting on Wednesday July 22 at the Ministry of Health Offices in Ramallah attended by 35 agencies, INGOs and NGOs, 10 of them by videolink with Gaza. The meeting discussed partner activities and emerging needs and gaps.

WHO is monitoring the situation for any outbreak of communicable diseases due to poor sanitation and interruption of vaccination programs, and also for gaps in control programs for chronic diseases.

The operations room of the Ministry of Health in Ramallah called for urgently-needed specialists for Gaza in 6 areas: neurosurgery, anesthesiology, plastic surgery, general trauma surgery, advanced orthopedics and burn management. For WHO guidelines on the sending of medical teams, see:

http://www.who.int/hac/global_health_cluster/fmt/en/

A list of emergency care medical equipment was also requested valued at US\$1.25 million.

WHO is processing donations of US\$ 3.7 million from Switzerland, Norway and Italy, and a donation of US\$1.5 million from Turkey given prior to the Gaza emergency, for medicines and medical supplies. Other donations are in the pipeline. The Ministry of Health reported donations totalling US\$ 5.6 million from ICRC, Egyptian Red Crescent, MDM-France, UNICEF, Birzeit Pharmaceuticals, Physicians for Human Rights-Humanitarian Relief Aid Committee, Islamic Relief, Welfare Association, MAP-UK, Italian Cooperation, Indonesia, NORWAC, ANERA, World Hemophilia Federation, Terre des hommes Italia and donations from the Emirati Red Crescent to the Palestinian Red Crescent.

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