



Gaza Strip Joint Health Sector Assessment Report

Prepared by the Health Cluster in the occupied Palestinian territory

1 Executive Summary

This joint health cluster assessment aims at understanding the impact of the conflict in July and August 2014 on the health sector in Gaza. This report is based on a quantitative and qualitative data collection, conducted at the beginning of September 2014, at a time when health service providers were beginning to re-establish their routine services which had been severely disrupted during the conflict. In order to understand the impact of the conflict on the health system in Gaza this report examines the situation prior to the crisis as well as its functionality during the 51 days of the conflict. Priority health issues have been selected and reviewed and findings presented with recommendations.

The recent conflict in Gaza severely impacted on the health and well-being of the entire population. Large-scale population displacement, shortages of water and electricity, environmental health hazards, loss of income and many more factors increased drastically the vulnerability of the majority of the population at a time when the siege on Gaza and the financial crisis of the government had already left the system on the brink of collapse. The chronic situation of the health sector therefore is a major underlying cause for the impact of the conflict on the health system in Gaza today and unless addressed systematically a recovery of the health sector to a stronger and more resilient health system is highly unlikely. The direct impact of the conflict led to the loss of life, disabilities, decompensation of chronic illnesses and severe negative effect on the mental wellbeing of the population. Security issues and the destruction of vital health infrastructure were and are large contributors to the reduced availability of health services during and after the conflict. Although the hostilities have halted, much of its impact will continue for some time. Shortages of drugs and medical supplies, limitations in tertiary care capacity, extreme fuel shortage and complicated referral mechanisms for the referral of severe cases abroad exacerbated the situation. The Ministry of Health and health facilities staff had to apply numerous coping mechanisms to ensure that service provision continued to meet the most pressing needs. External support from donors, the UN and NGOs supported the MoH in the response to the crisis and helped to alleviate the situation during the emergency and in the short term aftermath. The monitoring of partner activities through the 4W indicates however that the majority of response projects only cover the first 1-3 months, with some extending as far as 6-12 months: there is a high likelihood that if funding is not secured beyond this initial period the recovery of the health sector will falter in the medium term.

The conflict provides an opportunity to identify lessons that urgently need to be incorporated into future preparedness and response planning.

The below summary of key findings and recommendations aims to enable decision makers to identify opportunities to support the recovery of the health sector in Gaza at various levels from strategic planning to the implementation of vital programming in the medium and longer term. The report highlights that a fundamental change in the support to the health sector in Gaza is required to avoid continued dependency on external support and to lift fragile health service provision above the brink of collapse.

1.1 Key Findings and Recommendations

The health sector in Gaza as a whole has been able to maintain continuity of services despite constant crises. This is a direct result of the relentless efforts of health staff, applying multiple coping mechanisms and working endless hours to alleviate suffering for those directly affected by the conflict. Importantly, the extensive external support received in the form of emergency drug and medical supply donations and MoH, NGO and UN surge capacity filled urgent gaps in the health system. Multiple NGOs responded immediately, e.g., with stationary and mobile services to support the MoH in the emergency response and unemployed health experts and private sector health specialists also volunteered their support. At the time of the conflict, the health sector was already in a dire situation, as a result of:

- The Israeli blockade severely inhibiting health sector development leading to limited quality of health service provision, severe deterioration of medical equipment and inability to appropriately maintain equipment in the absence of spare parts, and reduced tertiary sector capacity - leading to costly referrals of patients outside of Gaza, lack of training opportunities for medical staff and more.
- The financial situation of the MoH leading to staff shortages/unpaid salaries, shortages of drugs, supplies, training opportunities, health sector under-development and de-development
- A fragmented health sector with multiple partners, large components depending on long term donor support and until recently the political separation between MoH Ramallah and MoH Gaza

It is obvious that the health sector in Gaza can only recover if these chronic issues are addressed in a comprehensive and sustainable approach to health system strengthening. While health system building blocks (health service delivery, health workforce, health information systems, health system financing, access to essential medicines and leadership and governance) need to be addressed by the MoH and with strong support from donors, it will not be possible to effectively rebuild the Gaza health sector while the Israeli blockade remains in place. (maybe also emergency and secondary care?)

Direct consequences of the conflict on the health of the population include:

- The loss of life due to limitations in providing emergency care and secondary/tertiary care to severe trauma patients and delays in the referral of those to health services abroad and the worsening of injuries including avoidable disability and lengthening of recovery period for injured patients due to premature release from hospitals and limitations in follow up care.
- Access issues keeping non-trauma patients from receiving health care potentially leading to a deterioration of acute or chronic illnesses, especially for patients on regular drugs
- Destruction, damage and closure of health facilities during and after the conflict reducing service availability and straining services in functioning facilities

Indirect consequences include:

- Destruction of electricity infrastructure, disruption of services and extreme shortages of fuel supply for backup generators limits service availability especially at the PHC level and critically endangers the continuous provision of critical functions in hospitals
- Displacement of hundreds of thousands of people into crowded shelter conditions exposing them to communicable disease and severely impacting on mental well-being
- Loss of savings, assets and income further limiting access to health care for large parts of the population, rendering them unable to mount the minimal health service fees and/or the purchase of over the counter drugs in absence of sufficient stocks at health facilities

The scope of the conflict exceeded all expectations and contingency plans, where available, were insufficient to manage the challenges imposed on centralized systems and individual health facilities. The chronically deteriorated state of the health system certainly reduced the quality of services provided throughout and after the conflict. Furthermore the absence of quality preparedness plans including the prepositioning of emergency stocks at central level and in each health facility hampered an adequate emergency response.

- Preparedness plans need to be developed where absent and existing ones need strengthening under consideration of lessons identified from the recent conflict. Funding needs to be allocated for the prepositioning of emergency drugs and medical supplies.
- Health facility infrastructure needs to be reconstructed and rehabilitated as soon as possible, building material and equipment must be imported without delay and restrictions. The

reconstruction of facilities need to incorporate the need of people with special needs including safe access for the most vulnerable including women and children, people with disabilities (PDW) and the elderly.

- The multiple shortfalls with regards to addressing chronic health facility staff needs (salaries, training level, emergency response capacity...) must be addressed as an urgent priority to improve the quality of health services in general and strengthen staff capacity in emergency situations. This includes the regular payment of salaries, training opportunities and specific capacity building in provision of emergency response services and implementation of preparedness plans.

The assessment highlights serious concerns with regards to the provision of urgently needed health indicator monitoring within a strong framework of emergency health information management. The key recommendations must respectively include the establishment of standard operating procedures for the monitoring of key health indicators in emergencies to enable evidence-based timely and targeted response to potential health concerns.

The assessment provides a strong foundation for immediate response planning of the most urgently needed programming in health; it also reiterates many of the well-known issues that impede the development of a modern, effective and efficient health system which will need addressing in the medium and longer term in order to improve health service delivery in Gaza. An additional purpose of the assessment included identifying areas and subjects within the health sector that require further in depth assessments and/or reviews to ensure a better understanding of the situation and enable tailored medium and long term responses. These include:

- A review of the health sector response that allows for the identification of lessons that can be drawn and enable learning, leading to improved emergency preparedness planning.
- Reviewing existing emergency preparedness plans and formulating a way forward in developing a comprehensive preparedness strategy including the prepositioning and management of emergency stocks.
- Primary health care sector response assessment to enable evidence based public health care emergency preparedness and response plans.
- Environmental health: analyse the impact of the conflict on the environment and on environmental health. Lobby for the import of vital testing equipment to enable the analysis of water and soil for chemical and radiological substances and heavy metals.
- Mental health sector service capacity in light of the increased need for mental health services in Gaza.
- Identification of priority health research projects based on in depths assessments on the above listed subjects.

The above summary compiles the most important findings and recommendations of the assessment while each chapter in this report concludes with more specific recommendations in response to the findings documented per health response domain and for cross cutting issues.

<http://www.emro.who.int/media/news/rehabilitation-health-system-gaza.html>

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