

HEALTH CLUSTER BULLETIN

APRIL 2020

1 April- 30 April



Caption: PMRS' mobile team

occupied Palestinian territory

Emergency type: chronic conflict and outbreak

HIGHLIGHTS

COVID-19 Response Plan 2020



30 agencies



57% funded

Meeting Objective 1: To stop further transmission of COVID-19 in the oPt*

Community engagement reached 250 000+ people



73 000 PPEs kits delivered



31 500 tests conducted



Meeting Objective 2. Provide care for patients affected by COVID-19 and to support families and close contacts*

13 dedicated COVID-19 hospitals in the West Bank



Two dedicated COVID-19 hospitals in Gaza Strip

Meeting Objective 3. To mitigate the impact of the epidemic*

Maintain primary healthcare, sexual, reproductive health care services, trauma care, and MHPSS

HEALTH SECTOR

Epidemiological analysis:

- As of 30 April, there were 507 cumulative cases confirmed, with a case fatality rate of 0.8
- A total 31 500 tests have been conducted, of which 4 615 were conducted in the Gaza Strip
- 1 750 of people are currently under MoH quarantine in Gaza.

The Health Cluster partners have delivered:

- Approximately 65 000 Personal Protective Equipment (PPE) kits (including all necessary items) to help protect health workers
- 7 553 tests have been conducted but the need to scale-up testing is critical
- The Cluster plans to deliver 28 complete ventilator sets and 15 oxygen concentrators.

Challenges:

- The local and global market delays, in addition to fluctuating prices is delaying the response
- PMRS has not been able to reach some of the most vulnerable communities in Qalqilya for over 4 weeks, affecting almost 500 people
- WHO's support in establishing a centralised ambulance dispatch centre, has been delayed due to the restrictions of essential supplies by Israeli authorities.
- Vulnerable groups, including pregnant and lactating women, are less likely to go for their routine appointments out of fear of contamination. The need to continue to reinforce physical distancing measures, especially in light of easing the travel restrictions, and during the holy month of Ramadhan, remains a challenge.

COVID-19 Situation update (as of 30 April 2020)

507

Confirmed Cases

490 in West Bank (163 in EJ)
17 in Gaza Strip

10

Health worker

4

Deaths

4 in West Bank
0 in Gaza Strip

31 500

Samples tested

4,615 in Gaza Strip

1 940

MoH Quarantine in Gaza Strip

53 072*

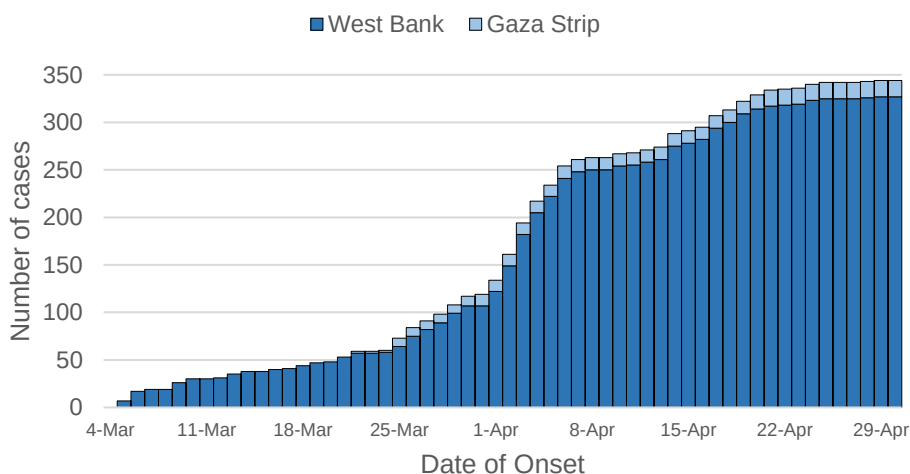
Home Quarantine in West Bank

*As of 2 May

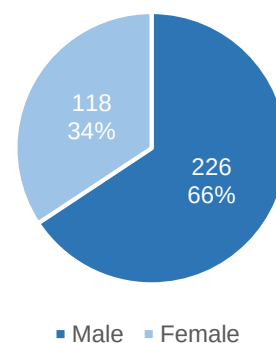


Includes East Jerusalem

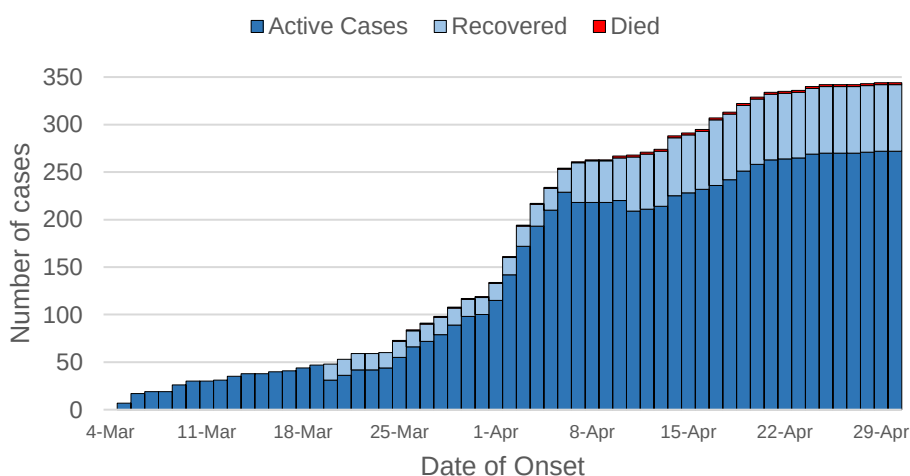
Confirmed cases by date of onset in oPt
5 March 2020 - 30 April 2020



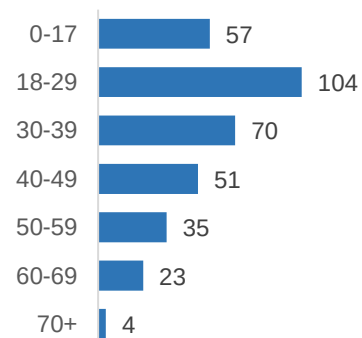
Confirmed cases by gender in oPt



Status of confirmed cases by date of onset in oPt
5 March 2020 - 30 April 2020



Confirmed cases by age group in oPt



**graphs above do not include East Jerusalem*



Priority needs for COVID-19

The Health Cluster Interagency COVID-19 Response Plan is designed to guide a coordinated health response in support of the MoH and the overall government efforts, whilst recognising the unique position of humanitarian partners, particularly national and international NGOs to make a positive contribution.

The rapid development in both the science and treatment of COVID-19 disease means that a flexible approach to both the management of the epidemic, and patient care must be adopted. However, it is axiomatic that recommended international best practice and respective WHO recommendations are contextualised to the occupied Palestinian territory (oPt), with consideration to the fragile health system, particularly in the Gaza Strip.

There is currently no specific treatment for COVID-19, and as such, the most effective and impactful approach to protecting the population against the disease, should be through containment measures, with a focus on early testing of all suspected cases, isolation and treatment of confirmed cases, contact tracing and quarantine arrangements, complemented by primary and community-based health initiatives with an emphasis on prevention and promotion of effective protection measures (hand hygiene, physical distancing, etc.). At the same time efforts, must continue to scale up hospital preparedness and treatment capacity to manage an increase in demand for hospital-based patient care. Nonetheless, the overarching objective should aim to minimize and prevent transmission to reduce the demand for hospital critical care services and to avoid any overload of hospital care capacity.

In light of this, the COVID-19 Response Plan covers a three-month period, operationalising the collective approach to *contain* further transmission in the West Bank, and *prevent* a community transmission in the Gaza Strip. The objectives of the Plan are:

- 1. to stop further transmission of COVID-19 across the oPt;**
- 2. to provide adequate care for patients affected by COVID-19 and to support their families and close contacts; and**
- 3. to minimise the impact of the epidemic on the functional capability of the health system.**

The health care workforce and procurement of materials have been identified as the two crucial elements in delivering this plan. The health workforce is the backbone of an effective health response and requires adequate technical support and protection. This plan, therefore, aims to mobilize further resources to provide adequate training to all staff working in health facilities, including on clinical case management protocols and infection prevention and control policies. Approximately 13 000 staff from the health workforce will benefit from these interventions.

The second crucial element is the provision of medicines, disposables and equipment. The unprecedented global demand for the aforementioned, presents considerable challenges, particularly in the oPt. The approach, therefore, emphasises a local procurement wherever possible, whilst maintaining quality control. The delays in global procurement serves to emphasise the need for a healthcare strategy that maximises available resources and minimises the consumption of currently limited materials.



Targeting at risk and remote communities in the West Bank as a key mitigation measure. Photo credit: PCRF



Hospitals set up triage points outside of the emergency departments. Photo credit: UHWC

Impact of COVID-19 on essential health services and vulnerable groups

Health services in the occupied Palestinian territory (oPt) are being confronted with an increased demand generated by the COVID-19 outbreak. Previous experiences show that, when health systems are overwhelmed, morbidity can get exacerbated, disability and both mortality from the outbreak (direct) and mortality from vaccine-preventable and treatable conditions (avoidable) can increase. Therefore, it is essential to consider, that responding to COVID-19 cases, without adequate emphasis on the continuity of essential health care services across the continuum of care, comes with several risks. This is particularly the case in the oPt, where the existing fragile health system and limited access, has resulted in vulnerable groups already in need of humanitarian healthcare.

To minimise this risk, it is necessary to give equal priority to the continuation of essential health care services in the oPt, this includes; primary healthcare services through support to mobile health clinics covering areas inaccessible to the MoH, sexual and reproductive and maternal child health services, continuation of critical inpatient services (i.e. dialysis), management of acute episodes of chronic conditions, trauma services for people injured from the conflict, services for people with disabilities, provision of medicines and supplies for the management of ongoing chronic conditions, and lastly, time sensitive surgeries.



Mobile Health Clinics in Area C, H2 and seam zone – West Bank

It is estimated that over 180 vulnerable communities in Area C of the West Bank, home to about 169 000 Palestinians, have limited or no access to primary healthcare and are therefore in need of mobile clinics services. As the COVID-19 epidemic took hold in the oPt, these communities were faced with additional challenges. Throughout the month of April 2020, PMRS, the main NGO provider of mobile health services, was unable to gain Israeli approved permits, in order to access three Bedouin communities in Qalqilya governorate, namely, Arab ar Ramadin Shamali, Arab Ramadin Janoubi, and Abu Farde, affecting approximately 500 people. They remain without access to basic primary healthcare services since the beginning of April.

Table 1: Summary of mobile health clinical activities by governorate. Please click [here](#) for further information.

Governorate	People in Need	Number of people with access to mobile health services
East Jerusalem & Peripheries	8 489	8 339
Jericho	22 067	19 218
Hebron	51 799	40 835
Qalqilya	4952	4193
Bethlehem	16 774	12 061
Jenin	39 320	28 238
Ramallah	5120	4290
Salfit	3639	3489
Tubas	3649	3019
Nablus	11 370	11 354
Tulkarim	1636	1636
Total	168 815	135 537
Percentage of people served		80%



Impact on trauma care services in Gaza Strip

As resources shift to the COVID-19 emergency, the continuing time-sensitive trauma care needs in the Gaza Strip, across the full spectrum of care, from the time of the injury through transport to an acute care facility and to rehabilitative care, must remain a priority. Whilst initial predictions indicated that trauma needs may decrease, particularly in light of the reduced movement within Gaza, WHO's monitoring system has revealed that the primary reason for presentation to the 14 MoH emergency departments, remains trauma-related, with 87% of patients in March and 88% in April, needing timely trauma care interventions.

Throughout the month of April, 5 out of the six MoH major emergency departments have continued to function. Meanwhile, limb reconstruction services have reduced pace of service delivery. In particular, the MoH Limb Reconstruction Centre at Nasser Hospital Medical Complex, admitted a total of only 10 patients in April and conducted 11 time-critical operations, in comparison to the previous months when the average admission was 25 patients per month. In April, 92 patients were screened in the outpatient clinic, 121 sessions of physiotherapy, and 62 MHPSS sessions targeting patients and the care givers. Meanwhile, MSF France's osteomyelitis management centre at Dar-es-Salaam hospital has stopped entirely.

Across the spectrum of trauma care, rehabilitative care, particularly physiotherapy, has severely impacted. UNRWA's physiotherapy services have also been reduced at the primary healthcare facilities. MSF-France have shifted their outpatient care to be conducted over-the-phone. For March, out of total 670 consultations, only 24% were performed in the outpatient department. MSF-Belgium re-prioritized the surgeries according to needs, and their outpatient consultations have decreased by 50%. Meanwhile, outreach teams, provided by PMRS, have stopped all health educational session, but wound dressing continues.

The Trauma Working Group is closely monitoring the situation and partners are adapting their activities. For example, MAP-UK have been exploring methods of training through virtual reality, meanwhile, WHO attempts to use mobile applications and other forms of remote training. To date over 250 health professionals have not be able to access essential training due to the challenges in deploying international medical teams. Further information can be found [here](#).



Patient referrals

By the end of March, the Palestinian Ministry of Health had restricted referrals to non-Ministry of Health providers to urgent cases, to limit physical interactions and preserve health resources in the context of the COVID-19 outbreak. In the course of March, however, this policy did not cause a substantial reduction in the number of referrals issued, which declined slightly to 7 458 referrals from a monthly average of 7 768 referrals for January and February. Out of the 7 458 referrals, 2 394 were from the Gaza Strip and 4 995 from the West Bank. Fifty-eight per cent of the Gaza patient permit applications were approved and only 43% of Gaza companion permit applications were approved. Meanwhile, in the West Bank 77% of the patient permit application were approved and 71% of the companion permit application. Further information for March can be found [here](#).



Impact on mental health and wellbeing

COVID-19 is inducing a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers and people with underlying health conditions.

In public mental health terms, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on people's usual activities, routines or livelihoods – levels of loneliness, depression, drug use, and self-harm or suicidal behaviour are also expected to rise.

Prior to the COVID-19 emergency, some 54% of Palestinian boys and 47% of Palestinian girls aged six to 12 reportedly have emotional and/or behavioral disorders, while the overall disease burden for mental illness is estimated to account for some 3 % of disability-adjusted life years.¹ Meanwhile, specialized personnel remain scarce, with 0.41 psychiatrists per 100 000 population currently active in the oPt, well below the global median of 1.3 per 100 000 and shortages in medication further limit treatment for severe neuropsychiatric cases.² With the current context, there is a likelihood of increasing numbers of people in need of MHPSS. Particularly as new cases of stress and anxiety emerge, and pre-existing disorders recur or are exacerbated.

At a time when MHPSS services need to be increased, partners are struggling to deliver an effective response. Out of 18 child protection partners surveyed, 12 partner organizations have seriously curtailed their activities, five have completely halted activities, while only one organization is fully continuing their activities.



Impact on Sexual and Reproductive Healthcare

Even during emergencies, sexual and reproductive, including maternal, health (SRH) services, and new-born health and nutrition services are essential and must continue. The provision of SRH services, including maternal health, nutrition, and gender-based violence (GBV) related services, are central to health, rights and well-being of women and girls. An assessment of the status of SRH services due to COVID19 was conducted by MOH and UNFPA in April and can be found [here](#). As of 30 April:

- MOH primary health care (PHC) clinics in the West Bank have resumed routine antenatal, postnatal, and family planning services, although, services vary by location and are limited to certain days and number of patients. Some locations, such as Bethlehem, continue to only provide services for high risk cases. In the Gaza Strip, services are still only focused on high-risk cases and many PHCs remain closed;
- Major NGOs have reopened their fixed facilities and are receiving patients. Whilst there is an increase in the number of women attending SRH services, compared to the previous month, there is a decline in number of attendees by 40% in comparison to 2019 figures;
- UNRWA facilities are open and providing SRH services in both WB and Gaza; and
- MoH hospitals continue to provide safe delivery services for women and neonates, with high precautionary measures in place.

Major gaps and areas for action:

- Select hospitals should be prepared to be able to provide safe delivery and neonatal services for pregnant women with suspected or confirmed COVID-19, including transportation to health facilities
- PPE is in general available; however, stocks are limited and there are concerns about upcoming shortages. Other essential maternal and child health medicines and supplies are at less than one month's supply or completely depleted, particularly in Gaza;
- Fear among pregnant and lactating remains a concern. Continued community awareness and engagement is required, as well as provision of MHPSS services for pregnant and lactating women;
- The knock-on effect of COVID-19 on the economy is likely to limit access to proper nutritious diets amongst already vulnerable communities, particularly pregnant and lactating women and children.

¹ Charlson F, Ommeren M, Flazman A, Cornett J, Witeford H, Saxena S, et al (2019) New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet* 2019; 394: 240–48. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

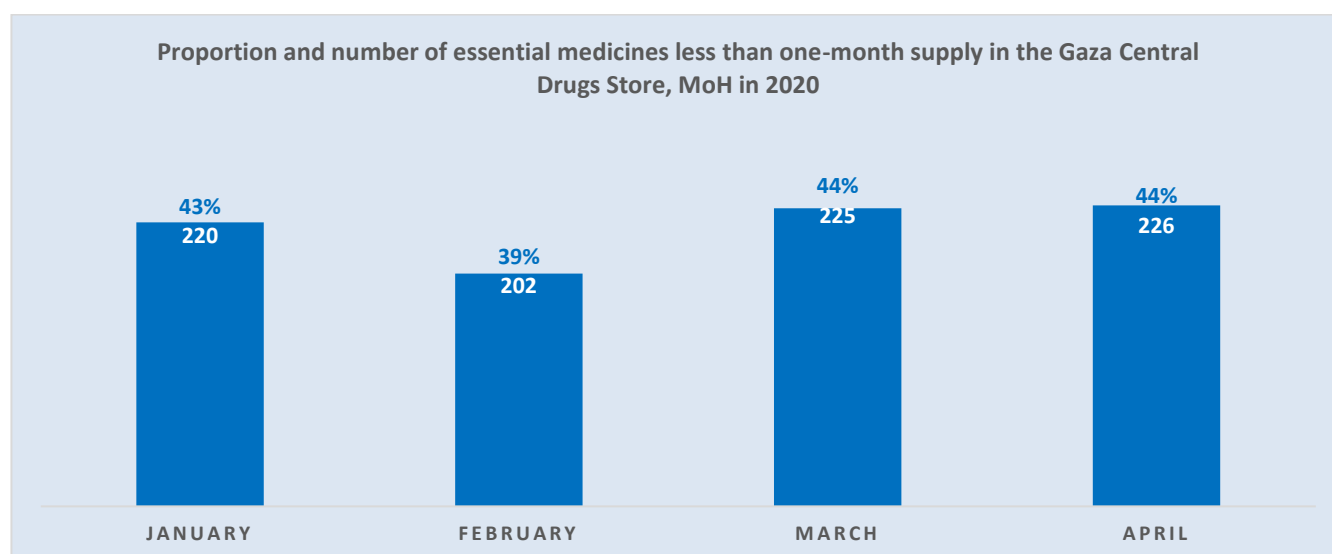
² WHO Mental Health Atlas 2017. Accessed 08.08.2019 <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>. Psychotropic medications were reportedly unavailable in 42 per cent in Gaza for 2018. Ministry of Health

Availability of essential medicines and disposables in the Gaza Strip

The chronic lack of available medicines and disposables in the Gaza Strip, impacts the ability to adequately respond to a potential outbreak, and even to maintain the continuum of care for essential healthcare services.

In April, 226 items (44%) out of the essential drugs list, were reported at less than one-month supply at the MoH Central Drugs Store (CDS) in Gaza. Out of the 236 items, 225 items are totally depleted, representing 44% from the essential drugs list. Additionally, 252 items (30%) of the essential medical disposables were reported at less than one-month supply.

Figure 1 below shows the proportion and number of essential medicines at less than one-month supply



Assessments and main findings

COVID-19 related needs in Kafr Aqab, Jerusalem, Health Cluster

- Kfar Aqab is located in East Jerusalem and the population is estimated to be 26,300 although these figures vary greatly. The village council has set up a COVID-19 Emergency Committee to address the crisis but receives no government/municipal support;
- **Community engagement challenges:** physical distancing and hygiene promotion is promoted through the use of social media tools. There is a need to increase risk communication and communication engagement;
- **Testing and contact training:** provision of testing is limited by the Israeli authorities. Contact tracing and isolation is currently not taking place;
- **Movement of workers:** A major challenge facing the community are the estimated 10 000-12 000 workers who cross the barrier every day to go to work; and
- **Provision of primary healthcare:** primary healthcare services continue to function. The vast majority of the residents have access to six of the dedicated primary healthcare centres located within Kafr Aqab. The remaining access primary healthcare services in the West Bank; and
- **Increased violence:** There is a notable increase in the number of calls related to domestic violence, including gender-based violence and violence against children. According to the visit, there is no capacity to follow-up or refer these cases.

Quarantine facilities in the Gaza Strip, Health Cluster

- **Capacity:** As of 28 April, there is a total of 43 quarantine facilities, out of which 26 are currently being used for approximately 2 000 people. Out of the 1 946 people in quarantine, 57.8% are male and 42.2% are female. Children are 9.8% of all people in quarantine;
- **Function:** The quarantine centres should separate and monitor people over a 21- day period. The function of daily clinical monitoring is the early detection of potentially a COVID-19 case. As this is likely to be a rare event, clinical vigilance is paramount. The Health Cluster recommends that daily clinical monitoring is upscaled and reports submitted to the local health authority epidemiological unit for enhanced monitoring and surveillance;
- **Rational use of testing:** At the end of the 21-day quarantine period, unless clinical symptoms dictate otherwise, use of laboratory testing is not considered essential, especially given the scarcity of resources and the minimal public health benefit;
- **Physical distancing measures:** Rooms appear to be separated from one another, however, there is some concern about the mixing of people within the quarantine;
- **Human resource capacity:** The number of staff will vary according the vulnerability and needs of the people in quarantine. Yet, staff recruitment problems seem to be predominantly due to a perception of difficult working conditions, including risk of exposure to COVID-19. The international community should consider the cash for work programme or the provision of incentives for staff working in the quarantine centres;
- **MHPSS support:** There will be an increased anxiety and stress for all health workers and those staying in the quarantine centres. To help ameliorate this situation, there is a need to provide MHPSS services in the quarantine centres; and
- **Infection, Prevention and Control:** There is a need to provide IPC supplies to the quarantine facilities, including PPE kits; and increased awareness and knowledge on IPC practices.

Other assessments conducted

- CARE Palestine West Bank/Gaza. A Rapid Gender Assessment. March 2020. [Click here](#).
- Medicos Del Mundo. KAP analysis report of Bedouin communities. March 2020. [Click here](#).
- Health Cluster: UNFPA. The impact of COVID-19 on sexual and reproductive, including maternal health in Palestine. April 2020. [Click here](#).

Cluster preparedness and response to COVID-19

Risk communication & community engagement

- In April, collective RCCE efforts have reached a significant number of people in the oPt
- In the lead up to the holy month of Ramadan, from late April to late May, the COVID-19 Risk Communications and Community Engagement (RCCE) Campaign, led by WHO and UNICEF, is focused on messaging to help contain and prevent the spread of COVID-19. Targeted messages are being shared across multiple channels including social media, radio, mobile networks, billboards and via brochure distribution via the UN and 30+ partners. The social media campaign content has been viewed more than 11 million times (on Facebook alone) since the beginning of the emergency;
- RCCE has been upscaled by key national NGOs, including the PRCS, UHWC, CFTA, PMRS and RC4GS. With unmatched access to some of the most marginalised communities, these national NGOs have been increasing



Caption: UHWC conducts health awareness campaigns in Gaza

community awareness, and knowledge, reaching 30 000 people in April. PMRS has recently initiated a new mobile team, targeting support to the high-risk elderly population in the Strip Gaza;

- The efforts are supported by international NGOs, including MAP-UK, MDM France, War Child and World Vision, through SMS communication, posters, and social media; and
- With the increasing anxiety and distress, GCMHP is providing targeted messaging aimed at reducing the increasing psychological pressure on families and individuals. This includes radio programmes, educational packages and local TV messages.

Protecting Health Workers and Communities through capacity building on IPC and supplies

- In the month of April, collective IPC related activities have reached over 103 000 people, including health workers, frontline workers, high risk groups and people from vulnerable communities;
- Since the start of the emergency, Health Cluster partners have distributed a total of 4 000 hygiene kits targeting vulnerable communities and high-risk groups. In particular, partners have targeted elderly, pregnant women, and people who have pre-existing diseases, such as cancer. Out of the 4 000 hygiene kits distributed, over 2 500 was allocated to the Gaza strip;
- Collectively, partners have procured and delivered 72 865 full personal protection equipment (PPE) targeting the MoH hospitals, primary healthcare workers and NGO health service providers, such as the Palestinian Red Crescent Society. Out of these, 14 600 were delivered to Gaza. In addition, the full PPEs, 228 000 masks, 88 500 gowns and 1 370 000 gloves have also been delivered to the West Bank and the Gaza Strip.
- Direct service delivery providers, such as Palestinian Medical Relief Soceity (PMRS), Palestinian Red Crescent Society (PRCS), UHWC, UNRWA, have increased their PPE capacity at all their respective primary healthcare centres and hospitals. In order to avoid the spread of the virus. There are thorough cleaning and decontamination procedures in place, and staff rotation schemes to avoid contamination. However, UNRWA's supplies for PPE and other IPC supplies is only sufficient for another five weeks;
- Training on IPC measures for healthcare staff, and nonmedical frontline staff continues into the month of April. Since the start of the crisis, over 7 270 health care professionals have been trained. MDM France is targeting IPC training for health facilities providing sexual reproductive healthcare services, whilst WHO and UNDP are focussing on MoH hospital staff. Igatha 48 NGO is upscaling training targeting junior doctors and recent medicine and nursing graduates; and
- UNDP is also training young people to sew, with the aim to support the mass production of face masks to be distributed in the Gaza Strip.



Caption: MDM Spain delivers supplies to Gaza

Enhancing laboratory capacity to test for timely detection contact tracing, isolation

- Since the start of the emergency, a total of 33 914 laboratory samples have been tested for COVID-19 in the oPt according to the MoH. In the Gaza Strip, health authorities are continuing to appeal for support to procure additional lab testing kits. A total of 4 804 samples have been tested, including some outside of Gaza;
- In April, MedGlobal in partnership with Rahma Worldwide delivered a PCR machine to Gaza;

- To complement these efforts, WHO provided testing kits to conduct an estimated 5 760 tests along swabs for collection of samples and other laboratory supplies required for COVID-19 testing, in addition to laboratory supplies expected to benefit 900 people. On the 30 April, WHO delivered lab testing kits to support COVID-19 testing of more than 1 100 people in the Gaza Strip; and
- In the coming months, WHO will procure additional testing kits and laboratory supplies, support the MoH to expand laboratory capacity, including rehabilitating the central public health laboratory, and conduct training workshops for laboratory detection.



Caption: WHO delivers essential supplies

Ensuring proper case management, and treatment

- WHO has delivered 25 types of disposables, and six medicines for case managements of COVID-19 cases, in addition to 14 patient monitors and nine electrocardiography machines;
- HWC has equipped the intensive care unit (ICU) at the NGO hospital in Beit Jala;
- MAP-UK has delivered six essential medicines, aiming to benefit 94 000 patients for case management in Gaza;
- Oxfam have provided 750 healthcare personnel working in six non-governmental healthcare facilities in Gaza with essential disposables for the treatment of respiratory distress and other COVID-19 associated complications;
- Penny Appeal UK have provided emergency hospital medical supplies, including 23,000 intravenous bags
- UNICEF is finalizing the list of required equipment for 25 ICUs stations in Gaza and West Bank. The offshore procurement for provision of 15 oxygen concentrators;
- PRCS is the main actor for transporting suspected cases and confirmed cases to designated pre-agreed facilities. They have upscaled their response to ensure safe transportation of patients. PRCS have requested further training for their frontline staff, which WHO and MDM-F are now working towards providing; and
- PMRS in the West Bank, have been continuing to deliver healthcare services through their mobile clinics and fixed clinics. They are also referring suspected cases to the MoH and supporting contact tracing. In Gaza, PMRS is preparing six mobile clinics in the Gaza Strip to provide emergency health care services to people in need, during curfews.

Support to the quarantine centres

- According to the MoH, more than 14 840 Palestinians are in quarantine (home or facility-based) for monitoring of their symptoms and ensuring early detection of cases;
- MAP-UK have supported 1 200 people staying at the quarantine centres in Gaza with hygiene supplies targeting Rafah and Khan Younis;
- World Vision are continuing to provide supplies, including 4 000 masks to the quarantine facilities in the West Bank and distribution of IPC items to six West Bank quarantine centres, as well as PPEs and IPC supplies to eight health directories, 135 village councils and 97 clinics, including three refugee camps in Bethlehem; and
- Care International have provided supplies to the quarantine centres. These efforts were complemented by PCRF, providing essential infection control supplies.

MHPSS services

- MDM Switzerland, in partnership with Sawa, in addition to YMCA and PCC, are supporting MHPSS activities, targeting vulnerable groups, across the West Bank and Gaza, primarily through remote support;
- Partners, including UHWC and HWC, have mainstreamed MHPSS services across their activities to be able to detect people who need follow-up; and
- UNRWA continues to provide its MHPSS services through remote counselling across the Gaza Strip, supporting stress management for the clinic staff, supporting GBV cases and providing support to those suffering from depression and/or anxiety.

Special Focus: East Jerusalem

- COVID-19 patients from East Jerusalem continue to be managed by the East Jerusalem Hospital Network (EJHN) and Israeli Hospitals.
- Despite donor pledges, the EJHN hospitals are still in urgent need of medical supplies and equipment to be fully prepared to receive COVID-19 patients. Global shortages also contribute to the shortage in ventilators; currently there are a total of 22 ventilators at AVH, St Joseph and Makassed Hospital, meeting only 10% of needs according to AVH
- In supporting the response to the COVID-19 crisis, WHO is coordinating with the EJHN to address the health needs of Palestinians in East Jerusalem, focusing on provision of technical guidance, risk communication and community engagement to disseminate public health advice for prevention of COVID-19 and advocacy with donors to fund the priority needs.
- The Health Cluster is encouraging partners to support activities in East Jerusalem, by providing assistance to the national NGO community, and civil society organisations.

Challenges

The impacts of COVID-19 is presenting challenges across multiple fronts, including operational challenges:

- The local and global market delays, in addition to fluctuating prices in procurement and in delivery is delaying the COVID-19 response in addition to non COVID-19 related activities;
- The temporary reduction of activities in the MoF complicates the processing of financial procedures, including VAT exemption, and coordination of items through borders;
- Permits to access vulnerable communities remain a challenge. PMRS has not been able to reach some of the most vulnerable communities in Qalqilya for over four weeks, affecting almost 500 people;
- Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff where needed;
- WHO's support in establishing a centralised ambulance dispatch centre, has been delayed due to the restrictions of essential supplies by Israeli authorities. In the event of a community outbreak in Gaza, without a centralized dispatch center, the effectiveness of the response can be compromised;
- Many vulnerable groups, including pregnant and lactating women, are less likely to go for their routine appointments out of fear of contamination;
- The restriction of access to the Gaza Strip for foreigners, including international medical teams, places additional challenges in deploying expertise for service delivery and training activities; and
- The need to reinforce physical distancing measures, especially in light of easing the travel restrictions, and during the holy month of Ramadhan, remains a challenge.

Funding status

In order to respond to the growing health needs as a result of COVID-19, the Health Cluster requires a total of US \$ 19 million. Out of this, \$ 10.8 million has been received, leaving a funding gap of \$ 8.2 million.

Meanwhile, the Health Cluster partners also require **\$ 37.5 million USD** to address health needs of the most vulnerable communities in the occupied Palestinian territory for 2020, targeting 730,000 people out of the 1.2 million people in the Gaza Strip, West Bank (including East Jerusalem) in need. To date, a total of \$ 10 million has been secured (79% for UN, 12% for national NGOs, 8% for international NGOs), leaving a gap of \$ 27.5 million.

Key resources

[General information](#)

[Technical guidance](#)

[COVID-19 Response Plan, prepared by the Humanitarian Country Team](#)

[State of Emergency: Palestine's COVID-19 Response Plan](#)

Contacts:

Dr. Gerald Rockenschaub | Head of WHO oPt Office | rockenschaubg@who.int

Dr. Sara Halimah | WHO oPt Health Cluster Coordinator | halimahs@who.int

Alice Plate | WHO oPt Communications Specialist | platea@who.int