



Caption: Health workers following up and providing medical care to a home isolated COVID-19 patient. Photo: PMRS

HEALTH CLUSTER BULLETIN
December 2020

occupied Palestinian territory (oPt)

Emergency type: **Complex**

Reporting period: 1-October-2020 to 30-December-2020

HIGHLIGHTS

- The last quarter of 2020 was, as previous quarters in the year, dominated by the response to the COVID-19 outbreak which has seen over 190,000 confirmed cases.
- Preparation for COVID-19 vaccine rollout reached an advanced stage with the Palestinian Authority Ministry of Health (with support from partners) conducting assessments and developing a National Deployment and Vaccination Plan.
- Partners continued efforts to ensure continued access to essential services such as primary healthcare, sexual and reproductive health, surgical care, nutrition as well as mental health and psychosocial support, reaching about 333,000 beneficiaries.
- Support was provided to patients and companions requiring permits to access services outside Gaza and West Bank benefitting close to 4,500 people.
- Attacks on healthcare especially in the West bank remains of major concern.
- Partners contributed to building the capacity of healthcare workers across oPt through provision of trainings; reaching about 2,000 healthcare workers.

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
135 (91%) fully functioning primary health care clinics
5 (3%) partially functioning primary health care clinics
9 (6%) 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 15 February 2021*



190,316 confirmed cases
10,709 active cases
2,133 deaths

AVAILABILITY OF MEDICAL SUPPLIES (GAZA)

December 2020



45% of essential medicines, less than one-month supply
33% of essential disposables, less than one-month supply

HEALTH CLUSTER FUNDING STATUS



	Funded	Requested US\$
HRP 2020	40.6 %	36 M
COVID-19	98.6 %	31.3 M

Public Health Risks, Priorities, Needs and Gaps

Communicable diseases



4,783

Home isolated people benefited from medical follow up and isolation kits with adequate messaging

Gaza	Women	Children	Elderly	PwD
4,783	2,242	295	373	178

PMRS, UHCC, UHWC, UNRWA

Needs and gaps

- The COVID-19 response continued to experience acute shortages of testing supplies and equipment.
- COVID-19 case management was impacted by critical shortages of essential drugs and disposables. As of end-December 2020, the central drug store in the Gaza Strip reported 45% of drugs from the essential drugs list is at one-month stock.
- Trainings for healthcare workers especially Intensive Care Unit personnel continued to be in high demand.
- Shortage of Personal Protective Equipment (PPE) exposed frontline healthcare workers to COVID-19 infection. By end of December 2020 about 3,078 healthcare workers were infected with COVID-19.
- The lack of community adherence to the strict public health measures presented a serious challenge to controlling the spread of COVID-19.

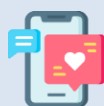


Caption: Training of trainers on COVID-19 critical management for intensive care specialists in the Gaza Strip. Photo: WHO

Priorities

- Working with the Ministry of Health to finalise the COVID-19 National Deployment and Vaccination Plan and rollout vaccination programme.
- Provide trainings to healthcare workers on vaccination in preparation of rollout.
- Maintain laboratory testing capacity through procurement of testing supplies and equipment.
- Maintain 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.
- Continue with risk communication and community engagement with a special focus on dispelling misinformation regarding vaccination.
- Continue to support provision of other essential services such as PHC, NCD, Sexual and Reproductive Health, Maternal and Child Health.

Risk communication and community engagement



898,289

People benefited from Risk Communication and Community Engagement activities

West Bank	Gaza	Women	Children	Elderly	PwD
10,547	887,742	448,635	26,050	2,100	502,550

GCMHP, PMRS, PUI, RCS4GS, UHCC, UHWC, UNRWA



69,393

People received hygiene and prevention kits with adequate messaging

West Bank	Gaza	Women	Children	Elderly	PwD
63,634	5,759	2,508	1,253	474	208

GCMHP, PMRS, PUI, UHCC, UNRWA

Needs and gaps

- Risk Communication and Community Engagement (RCCE) needs to scale up community engagement to advance knowledge, change attitudes and behaviours in the community, especially in relation to COVID-19 vaccine uptake (Including local committees under the local governments units, youth, health unions and associations).

- RCCE should continue to address a lack of adherence to protective measures for COVID-19 outbreak across oPt, in line with the vaccine rollout
- RCCE should address misinformation as a priority in relation to the COVID-19 vaccine rollout
- Most RCCE is focused on COVID-19 outbreak, diverting resources and information outreach from other essential service needs
- RCCE continues the generation of evidence (one per month) around people's adherence to COVID-19 measures, knowledge, personal normative beliefs, and normative expectations.
- RCCE supports the creation and capacity development of a media alliance across Palestine to address rumours, stigma, and misconception and promote the vaccine.



Caption: COVID-19 educational material - Child-friendly RCCE. Photo: UPI

Priorities

- RCCE to support a vaccine rollout plan to address misinformation, train social mobilizers and generate data on knowledge, behaviours and attitudes.

Trauma and Emergency Care



323

Patients treated for limb reconstruction

Gaza Strip	Women	Children	Elderly	PwD
323	55	55	17	10

WHO



2,070

Patients benefitted from provision of elective surgery

West Bank	Gaza Strip	Women	Children	Elderly
377	1693	503	7	4

PHR, UHCC, UHWC, UNRWA

Needs and gaps

- There was an estimated increase of 142% in ambulance transfers in the last quarter of 2020 compared to pre-COVID-19 data. This resulted in an increase in the working hours for the ambulance personnel while decreasing rest and recovery hours. This was also accompanied by increased ambulance fuel consumption.
- The number of acute surgeries at Ministry of Health (MoH) Gaza hospitals, for the fourth quarter of 2020, was about 3,899, a slight decrease from the 4,208 operations that took place in the third quarter.

Priorities

- Top priority remains to ensure that trauma-related cases are not neglected and in parallel further enhance trauma health care in Gaza and West Bank.
- Even during COVID-19, injury is the largest burden of disease for Gaza MoH Emergency Departments (EDs): From October to December, there were 174,945 consultations in the EDs of Gaza's six major hospitals, of which 87.9% were trauma related, minor injuries included.

Disability and rehabilitation



590

Patients provided with multidisciplinary rehabilitation services

West Bank	Gaza	Women	Children	Elderly	PwD
102	488	123	23	282	31

GCMHP, PMRS, UHCC, UNRWA

Needs and gaps

The outbreak of COVID-19 has impacted on disability and rehabilitation sector in the following ways:

- Technical missions and training courses were cancelled which was planned to build the capacity of rehabilitation professionals through on the job training and theoretical training.

- 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.
- Acute cases were prioritized over the chronic cases who can be transported or have access to centres, leading to deterioration in the functional and health condition of the patients with chronic conditions.
- Shortage of PPE 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 and changes in the prices in the local market after COVID-19.
- Lack of fund for rehabilitation projects targeting people with disabilities in need for long term rehabilitation and or aiming for community inclusion.
- Delays in the procurement of assistive devices and PPE purchased from outside Gaza.
- Lack of outreach services to target people with disabilities/ injuries who have limited access to centres and living in remote areas.
- Inability to conduct face to face coordination meeting to respect the protective measures.

Priorities

- Regular update of the mapping surveys for rehabilitation actors to ensure coordination with rehabilitation actors and referral to people with disabilities/ injuries to the available services.
- Standardize the remote rehabilitation and adopt it as a rehabilitation modality of intervention to access people living in remote areas or having chronic condition.
- Activate the referral pathways between MoH facilities, NGOs and community-based rehabilitation programs working in the field to respond to the holistic needs of people with disabilities.
- Develop minimum standards for rehabilitation services in COVID-19 and pandemic scenarios.
- Support NGOs and rehabilitation centres with PPEs to sustain the rehabilitation services in a safe environment.
- Build the capacity of rehabilitation actors to develop their contingency plans to be well prepared for response to pandemic scenarios.
- Fundraising for rehabilitation projects targeting people with long term disabilities.
- Technical missions to build the capacity of the local staff on minimum standards of rehabilitation and rehabilitation protocols.

Sexual and Reproductive Health

including mother and child health and nutrition



12,212

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

Gaza	West Bank	Women	Girls	PWD
12,184	28	12,020	152	52

PMRS, RCS4GS, UNFPA, UHCC, UHWC, UNRWA

Gaza	Women	Girls	PwD
2,370	4,556	278	28

GCMHP, IMC, PMRS, RCS4GS, Igatha48, UHCC, UHWC, UNRWA



2,370

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



97,427

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

West Bank	Gaza	Boys	Girls	PwD
19,963	77,464	39,099	37,697	349

MAP, PMRS, RCS4GS, UHCC, UNICEF, UNRWA

West Bank	Gaza	Women	PwD
10,139	152,098	162,237	280



162,237

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

MAP, PMRS, RCS4GS, UNICEF, UHCC, UHWC, UNRWA

Needs and gaps

- Availability of essential primary healthcare sexual and reproductive health services in Gaza has been severely impacted by COVID-19.
- Family planning services remain a particular concern, especially for IUD insertion. In the West Bank, provision of family planning services has been halted at MoH for most clinics. These are essential services and must be resumed immediately to protect women from unplanned pregnancies.
- Protection of SRH providers from COVID-19 remains a major barrier to service provision.
- Services for clinical management of rape (CMR) remain very limited and / or non-existent. There is a need to increase the availability of quality CMR services.



Caption: Training of midwives in infection prevention and control. Photo: UNFPA

Priorities

- Ensure that essential and lifesaving primary healthcare services, including antenatal / postnatal care and family planning services are being provided, particularly for IUD insertion at MoH.
- Provision of COVID-19 vaccination and other COVID-19 prevention measures to health staff providing essential SRH services.
- Work jointly with the Gender Based Violence Sub-Cluster to increase availability and referrals to CMR services in the West Bank and Gaza.

Non-communicable diseases



18,570

Patients with chronic diseases receive treatment and consultations

West Bank	Gaza	Women	Children	Elderly	PwD
5,615	12,955	8,957	1,919	3,289	97

IMC, PMRS, RCS4GS, UHCC, UHWC, UNRWA

Needs and gaps

- The community spread of COVID-19 affected the access to and continuity of the provided essential health services for non-communicable diseases (NCDs) among different main health providers in Gaza Strip.
- Lack of the standard treatment protocols for common non-communicable diseases such as Diabetes Mellitus and Hypertension between multiple service providers, remains a problem.
- Limited specialized human resources and advanced technology required for NCDs management and treatment in Gaza lead to increasing the demand to referring abroad for the NCD complicated cases especially cancer patients.
- Instability in supplies of essential medicines and technologies, screening and diagnosis, and limited access to resources including health workers and other support services critical for the pre-existing management of NCDs.

Priorities

- Strengthen monitoring the access to and continuity of essential health services for noncommunicable diseases to minimize the disruption of essential services due to COVID-19 Community spread.
- Addressing challenges of a sustainable supply of NCD medications and the shortage of specialized human resources.

Mental Health and Psychosocial Support



9,604

People received Mental Health and Psychosocial Support services

West Bank	Gaza	Women	Children	Elderly	PwD
765	8,839	3,272	823	162	56

GCMHP, IMC, PMRS, RCS4GS, Igatha48, UHCC, UHWC, UNRWA

Needs and gaps

- People who got infected with COVID-19 and their families are under stress and stigma and in need of MHPSS support; as well families losing loved ones.
- The economic and financial situation caused by the pandemic has increased the level of unemployment, poverty lack of security and this will impact the mental health of people.
- People with mental health conditions may experience an increase of stress and anxiety.
- An increase of GBV and domestic violence during the pandemic has occurred
- Lack of investment in mental health programmes at the national and international levels.
- Strengthen the MHPSS multisectoral services for children in MoH and Ministry of Education (MoE) and Ministry of Social Development (MoSD) and referral
- Continuity of essential health services including mental health services at primary health care and community mental health centres.

Priorities

- Set minimum standards for tele -MHPSS services during the pandemic
- Revise action plan for MHPSS COVID-19 response
- Integrate mental health into Health facilities (general hospitals, Emergency departments and PHC)
- 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 support
- Provide specialized mental health care for survivors of violence.

Mobile Clinics



21,627

People received treatment and consultations through mobile clinics

West Bank	Gaza	Women	Children	Elderly	PwD
14,268	7,359	9,743	4,713	4,525	208

IMC, MAP, PHR, PMRS, UHCC, UHWC

Needs and gaps

- Shortage in supply of medications due to COVID-19 and the lockdown. People depend more on mobile clinics to cover their needs than prior to COVID-19, especially some types of essential medications for example for NCDs, including hypertension.
- Continued movement restrictions and safety of mobile clinic staff, due to flying checkpoints.
- Lack of access to PHC services for persons with disabilities due to accessibility issues and lack of assistive devices.
- Gaps remain for services for young people and MHPSS.

Priorities

- Increase pharmaceutical supplies, especially NCD medications.
- Increase accessibility for persons with disabilities and to provide assistive devices.
- Increase access to MHPSS services.
- Ensure protection and safety for staff, including from movement restrictions, COVID-19, and MHPSS needs.

Health Access



2,046

Permit applications for patients

Gaza	Women	Children	Elderly	PwD
2,046	1,005	450	409	208

Gaza	Women	Elderly
2,454	1,491	417

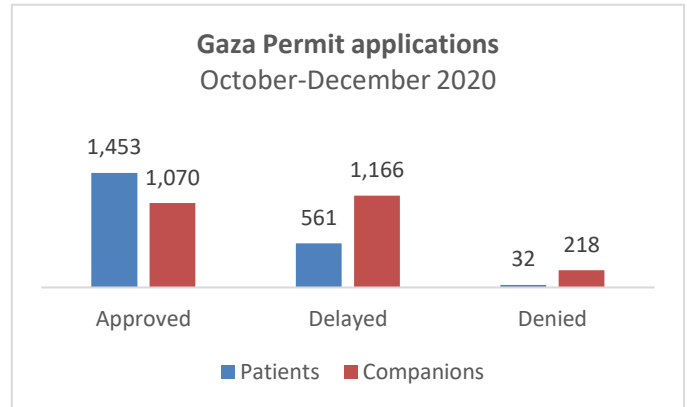


2,454

Permit applications for companions

No data is yet available for West Bank patient and companion permit applications. During the fourth quarter of 2020, there were 13,746 referrals issued by the Palestinian Ministry of Health for West Bank patients, compared to 3,978 referrals (22% of the total) for Gaza patients. Referrals for Gaza patients remain reduced compared to levels before the COVID-19 outbreak, while referrals issued for West Bank patients have recovered to numbers issued before the outbreak of COVID-19 in the occupied Palestinian territory.

Read more in WHO's monthly Health Access reports: <http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html>



Attacks on health care



15

Attacks on healthcare

West Bank	Gaza
13	2

Eight incidents involved the prevention or delay of access for patients or medical teams, including five incidents of obstructing access for medical teams to persons who had been fatally injured. Seven incidents involved physical attacks against patients, health staff, ambulances, or health facilities, while one incident involved the detention of a paramedic.

In Focus: 24 November, PRCS team physically attacked with attempt to board an ambulance

On 24 November, a Palestine Red Crescent Society (PRCS) paramedic team was near Tayaseer checkpoint in the northern Aghwar – Tubas area in the West Bank, providing first aid to people injured during confrontations. The PRCS team was physically attacked as they attempted to provide first aid to a person who sustained an abdominal wound from injury with a rubber-coated bullet. Several Israeli soldiers attempted to board the ambulance and to arrest the wounded person by force, unaccompanied by medical personnel. In addition to this, tear gas canisters were fired at the ambulance during the confrontations, while the PRCS team was providing emergency medical services to injured persons inside the ambulance.

In Focus: 11 December, PMRS paramedic beaten and PRCS volunteers physically attacked while providing first aid

On 11 December, a paramedic working with the Palestinian Medical Relief Society (PMRS) was beaten with the butt of a gun and kicked while providing first aid to persons injured in confrontations during a demonstration held to protest the expansion of a settlement and confiscation of land near Kufr Malek village in the West Bank. The paramedic reported that Israeli soldiers sprayed pepper spray in his face, and he suffered gas inhalation during the incident. The paramedic was taken to the Palestinian Medical Complex Hospital in Ramallah after losing consciousness, was hospitalized there, returning to work from sick leave after more than a week. During the same confrontations, two PRCS volunteers were injured after they were physically attacked while providing first aid to persons injured, sustaining several bruises.

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 MoH, UNRWA, NGOs, governmental institutes, and communities



24,450

Liters of hand sanitizer, disinfectant, and cleaning liquid delivered to MoH, UNRWA, and municipalities

ICRC, MAP, MDM Spain, MedGlobal, PUI, UNFPA, UNICEF, WHO

Laboratory testing



1,539 PCR testing kits to test **147,744** people for COVID-19, in addition to **197,000 swabs** and **1 PCR machine** were delivered to the MoH

WHO, UNDP, CRS

Case management

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



CISP, CRS, GIZ, Igatha48, MAP, PHR, PUI, QRC, UNFPA, UNICEF, WHO

Sexual and reproductive health

69,147 women and children in Gaza Strip will benefit from drugs, disposables, lab supplies provided to the MoH

MAP, PCRF, UNFPA

Trauma and emergency Care

8,268 people in the oPt will benefit from drugs, disposables, equipment, and Trauma kits provided to the MoH and PMRS

CISP, MAP, PCRF, PHR, WHO

Noncommunicable diseases and mental health

18,136 people in oPt will benefit from drugs and equipment provided to the MoH and GCMHP

Igatha48, PHR, WHO

Training of health staff

495 health workers, including medical staff, psychologists, school counselors, social workers, case managers and field workers from MoH, UNRWA, and NGOs in West Bank and Gaza Strip received training on different Mental Health and Psychosocial Support topics

GCMHP, IMC, PHR, UNRWA

414 health workers from the MoH, UNRWA and NGOs in West Bank and Gaza Strip received **training on infection prevention and control**

IMC, UNFPA, WHO

647 health workers from MoH, UNRWA, and NGOs in West Bank and Gaza Strip on **COVID-19 Management, testing, and updates** provided by their organization

IMC, MAP, PMRS, UNRWA, WHO

120 youth focal points from the community in West Bank and Gaza Strip received training on **Community engagement, digital advocacy, COVID-19, and rumors tracking** provided by WHO

515 health workers from the MoH, Palestinian Red Crescent Society, and UHWC in Gaza Strip and West Bank received trauma and emergency care training on **limb reconstruction, first aid, basic life support, and pain management** provided by UHWC and WHO

86 health workers from MoH, UNRWA, and NGOs in West Bank and Gaza Strip received training on **Sexual and Reproductive Health including Mother and Child health**

IMC, MAP, PMRS, UHWC, UNFPA

32 health workers from NGO hospitals in Gaza received training on **Non-communicable Diseases** provided by IMC and UNFPA

7 medical team staff from Caritas in Gaza received a refresher training on **communicable diseases** provided by their IMC

174 health workers from the UNRWA in West Bank received a training on self-identification by their organization

Assessments

Rapid Assessment of infection prevention and control and PPE / contraceptive supplies, UNFPA, Gaza Strip

The assessment evaluated infection prevention and control measures at facility level, as well as stock levels at sexual and reproductive health providers of PPE and contraceptives.

Mental Health and Psychosocial Wellbeing Assessment

The assessment's main goal was to inform and guide the development of a series of psychosocial support (PSS) activities to be led by PUI within the West Bank Protection Consortium (WBPC), supporting a more comprehensive response to individuals and communities highly affected by SV.

In October, November, and December 2020, PUI oPt conducted a Mental Health and Psychosocial Wellbeing Assessment in the West Bank, and specifically Area C, targeting communities identified as vulnerable to settler violence (SV).

The perceived prevalence of mental health and psychosocial issues is high, with groups like children, youths, PwD, older persons, survivors of violence (including occupation-related violence, settler violence, and ex-detainees), and people living in destitution, being perceived, by some, as more likely to experience distress. The most common expressions of distress within the target community are, reportedly, anger, aggression & violent behavior, stress, anxiety, withdrawal, substance abuse,

impulsive/reckless behavior, deterioration of social relationships and bonds, and excessive fear.

Existing mental health services seem not to be able to adequately cover all community needs. At the same time, social norms, stigma, personal beliefs, and taboos around mental health prevent people in need from accessing those services that are available.

Community support in the form of seeking advice and sharing distress with family, friends, elders, community leaders, and religious figures was identified as a positive coping mechanism within target communities. Self-reflection and perseverance were also described as strategies employed to deal with distress. Lastly, the positive impact of physical activity, creative hobbies, and connection with nature was highlighted.

Contacts

Ms. Chipo Takawira

Health Cluster Coordinator

ctakawira@who.int

Dr. Abdelnaser Soboh

Gaza Sub-National Health Cluster

soboha@who.int