OVERVIEW

This is the 17-18 January update on the health sector situation since Israel launched its military offensive in Gaza on 27 December.

- Humanitarian community monitoring cease-fire status.
- Post-ceasefire assessments to assess immediate health needs and damage to health facilities.
- Antenatal, dental care resumes but with low attendance.
- WHO coordinates delivery of 5 trucks of supplies.
- Partial electricity supplies resume to health facilities.
- At least 29 patients evacuated through Rafah in recent days, 18 medical staff enter Gaza.

International Humanitarian Law requires all medical personnel and facilities be protected at all times, even during armed conflict. Attacks on them are grave violations of International Humanitarian and Human Rights laws. Access to health is a fundamental human right.

CASUALTIES and AFFECTED

According to the Palestinian Ministry of Health (MoH) on 18 January at 16:00, at least 1300 people have been killed since 27 December, including 410 children and 104 women. Approximately 5300 Palestinians have been injured, including at least 1855 children and 795 women. WHO has not been able to independently verify these details.

OCHA estimates up to 100,000 people may have been displaced. UNRWA has established at least 50 emergency shelters for 49,693 displaced people. The exact number of people who have fled their homes in Gaza remains unclear.

HEALTH PERSONNEL

Since 27 December 2008, 13 health personnel have been killed and 22 injured while on duty, according to the MoH health information centre in Gaza.

During the evening of 17 January, four MSF-France medical personnel (including two surgeons, an operating theatre nurse and an anaesthetist) entered Gaza through Erez Crossing to work at Shifa Hospital. Also, four MDM medical staff and two coordination staff entered the same evening to work at Al-Nasser and European Hospitals. Separately, 18 medical personnel entered Gaza through the Rafah Crossing. Altogether over 120 doctors are believed to have entered Gaza to provide assistance. The Director of Hospital services in Gaza has stated that no more are needed at the present time.

DAMAGE TO HEALTH FACILITIES

The following PHC clinics are reported to have been damaged by direct or indirect shelling during the last few days. Information on these incidents has been obtained from the MoH.

1 The reason for the high increase in the death count is the identification of many bodies that were previously not identified or found under the rubble or in areas previously not accessible.
following the implementation of the cease-fire at 2 a.m. local time on 18 January. These facilities included:
- Atatra clinic (north Gaza), which was destroyed and is not functioning.
- Shuahada Al Shate’ clinic (Gaza), which was severely damaged.
- Shuahada clinic (Khan Younis).
- Khuza’a clinic (Khan Younis).
- Fukhari clinic (Rafah).

At least 21 incidents of direct and indirect damage to health facilities have been recorded since 27 December, and at least 16 ambulances have been damaged or destroyed. Several facilities, including Dora Paediatrics Hospital, have been hit more than once, and a count is underway to confirm the exact number of facilities that have been damaged during the recent violence.

Al-Quds Palestinian Red Crescent Society (PRCS) Hospital in south Gaza City remained closed 18 January after being shelled 15 January. Forty patients were evacuated to Shifa Hospital and 200 people who had been seeking refuge in Al-Quds are now at an UNRWA shelter. At Al Wafa Rehabilitation Hospital in east Gaza City, staff are working despite it being damaged 15 January.

ELECTRICITY AND FUEL SUPPLY TO HEALTH CARE FACILITIES
Electricity supply was problematic for health facilities all over Gaza City on 17-18 January, with hospitals receiving 6-8 hours of power. Other hospitals in the Gaza Strip received 12-16 hours.

HOSPITAL BED CAPACITY AND OCCUPANCY RATE
Shifa Hospital ICU remains overwhelmed. Some patients were evacuated but the ICU is functioning at virtually full capacity due to the low evacuation rate of patients through the Rafah Crossing and extra patients presenting to the ICU from Al-Quds Hospital.

REFERRALS AND EVACUATIONS OUTSIDE GAZA
On 16 January, eight patients were evacuated through Rafah into Egypt. On 17 January, a further 21 patients, including six injured children were scheduled to leave for Belgium, but as of 18 January they were in a medical facility in Cairo awaiting evacuation. Since 27 December, 442\(^1\) patients have been transferred through Rafah, most for injuries and some for chronic conditions, according to the MoH. At least 21 referred patients have since died.

On 18 January, Erez Crossing opened for the evacuation seven patients and seven companions, who crossed to Israeli and West Bank hospitals. Israeli authorities at Erez informed WHO that an outpatient clinic would be opened immediately within the crossing’s “Sterile Zone” to treat patients from Gaza seeking evacuation to Israeli hospitals. Israeli authorities would decide whether select patients would need to be referred on for additional care.

On 18 January, Israeli authorities allowed seven patients who had been waiting for several days to cross through Erez for treatment outside of Gaza. Another 13 chronically ill patients who have requested evacuation through Erez were still awaiting Israeli approval to cross. WHO is supporting the Palestinian Health Liaison Officer to evacuate patients through the crossing.

The Palestinian Referral Abroad Department remains closed due to the conflict primarily because staff are not presenting to work.

MEDICAL SUPPLIES
On 18 January, WHO coordinated the entry of five truckloads of medical supplies for the MoH and NGOs. Due to the large volume of supplies being delivered into Gaza, the MoH and WHO have requested no further in-kind donations that have not been specifically sought by health

\(^1\) The reason for this sharp increase regarding the reporting of evacuated patients is the varying levels of coordination between some hospitals located in southern Gaza and other organizations resulting in a delayed reporting to WHO.
authorities so to not overwhelm the Central Drug Store and better coordinate future supplies and assess needs.

**PRIMARY HEALTH CARE CENTRES**

WHO remains concerned about management of chronic disease patients and public health in Gaza Strip. Monitoring and surveillance of water quality has not been carried out since the central public health laboratory closed due its proximity to open conflict area on 3 January.

The childhood vaccination program had virtually ceased between 27 December and 13 January, but due to WHO and UNRWA assistance has resumed in parts of the Gaza Strip. Reduced vaccination coverage could result in outbreaks (for example for measles, polio, and hepatitis), a risk increased by Gaza’s high population density and dire living conditions.

**MoH PHC centres:**

Of 56 MoH-managed PHC centres and two NGO-run centres serving the MoH, 44 were functioning with interruptions on 18 January. The 10 PHC centres converted to emergency evacuation centres continue to function. See Annex 1 for the geographical distribution of MoH PHC centres. PHC use has dramatically declined since 27 December, with 30% of chronically ill patients no longer attending PHC centres for care. Internal referrals between PHC clinics and hospitals have also severely declined and only emergency cases are being referred to hospitals.

Antenatal care (ANC) and dental care has resumed in all functioning PCH clinics. But the average of attendees to both remains low in Gaza City due to the uncertainty of the security situation. Staff attendance is improving but remains low in Gaza City, at 40% in functioning PHC centres:
- North Gaza: 70%
- Khan Younis: 95-100%
- Gaza: 40%
- Rafah: 95-100%
- Middle Zone: 95-100%

**COORDINATION**

WHO is coordinating the emergency health response through its Jerusalem, Gaza, Cairo and Geneva offices with the MoH in Ramallah and Health Cluster partners. A WHO Emergency Operational Plan has been launched for a range of urgent health interventions.

WHO is undertaking a needs and health facilities assessment which will be coordinated with Health Cluster partners. NGOs and doctors have also been asked to coordinate with WHO in Rafah and Jerusalem, as well as the MoH Operations Room in Ramallah, before deployment of health personnel into Gaza to ensure that the specialities being offered are needed by health services there.

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## Annex 1: PHC functionality status:

<table>
<thead>
<tr>
<th>Area</th>
<th>Functioning PHC clinic</th>
<th>Emergency PHC clinics</th>
<th>Non-functioning PHC clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Gaza</td>
<td>Shuhada’a Jabalia center, Biet El Maqdis Center-Biet Lahia, Old Biet Lahia clinic, Biet Hanoun clinic, Abu Shbak clinic, Jabalia camp clinic</td>
<td>Shuhada’a Jabalia center</td>
<td>Al Atatra clinic, Al Shayma’a clinic, Izbet Biet Hanoun clinic, Biet Hanoun – Al Atatra</td>
</tr>
<tr>
<td>Rafah</td>
<td>Shuhada’a Rafah center, Tal Al Sultan center, Shaboura clinic.</td>
<td>Shuahada’a Rafah center, Tal Al Sultan center</td>
<td>Al Shuka clinic</td>
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